CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

PHILIP K. GILMAN, M.D.....President
SAM J. McCLENDON, M.D.....President-Elect
E. VINCENT ASKEY, M.D.....Speaker
LEWIS A. ALESEN, M.D.....Vice-Speaker
PHILIP K. GILMAN, M.D.....Council Chairman
JOHN W. CLINE, M.D...Chairman, Executive Committee
GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor
JOHN HUNTON .....Executive Secretary

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W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL NOTICES

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Twenty-ninth (329th) Meeting of the Council of the California Medical Association

The meeting was called to order at 10:00 A.M., on Sunday, October 21, 1945, at the Hotel Biltmore, Los Angeles.

1. **Roll Call:**

Councilors Present: Philip K. Gilman, Chairman; E. Vincent Askey, Edwin L. Bruck, E. Earl Moody, Edward B. Dewey, Walter S. Cherry, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, and George H. Kress, Secretary.

Councilors Absent: Sam J. McClendon, Sidney J. Shipman, Dewey R. Powell (ill), R. Stanley Kneeshaw, and John W. Green.

Present by Invitation: C.M.A. Delegates to the A.M.A. Dwight L. Wilbur, Lowell S. Goin, Dwight H. Murray, H. Gordon MacLean, and Donald Cass; Alternate Delegate to the A.M.A. Leo J. Madsen; L. A. Alesen, Vice-Speaker; Harold A. Fletcher, Chairman of the C.M.A. Postwar Planning Committee; W. M. Bowman, for C.P.S.; Howard Hassard, Associate Legal Counsel; Ben H. Reed, Secretary, California Public Health League; W. Glenn Ebersole; E. T. Remmen, Chairman Local Committee on Arrangements for 1946 C.M.A. Annual Session; Stanley K. Cochems, Executive Secretary, Los Angeles County Medical Association; Fred W. Borden, Secretary, Santa Clara County Medical Society, and Chester L. Cooley, C.P.S. Secretary.

2. **Minutes:**

Minutes of the following meetings of the Council and Executive Committee were submitted and actions taken approved:

(a) Council Meeting (328th) held in San Francisco on August 12, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, October, 1945, page 175.)

(b) Executive Committee Meeting (195th) held in San Francisco, September 26, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, October, 1945, page 181.)

(c) Special Meeting of the "Members of 'Trustees of the California Medical Association'", (18th), held in San Francisco, on August 12, 1945.

3. **Membership:**

(a) A report of the membership as of October 15, 1945, was submitted and placed on file. The membership roster showed distribution as follows:

Total members (civilian and military) listed for year 1945: 7,839.

Total members in military service: 2,229.

(b) On motion made and seconded, it was voted to reinstate 7 members whose 1945 dues had been paid subsequent to April 1, 1945.

(c) On motion made and seconded, Retired Member-

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

ship was granted to the following members, whose applications had been received in accredited form from their county societies:

Paul Campiche, San Francisco County
William Humes Roberts, Los Angeles County
W. Frank Holman, Los Angeles County
Donald J. Frick, Los Angeles County

(d) Association Secretary Kress referred to correspondence with A.M.A. Secretary West on whether Retired Members of the California Medical Association are eligible for A.M.A. Fellowship. Secretary West had written that the matter had been referred to the A.M.A. Judicial Council, but no opinion had been rendered by the A.M.A.

4. **Financial:**

(a) A cash report as of October 15, 1945, was submitted.

(b) Report was made concerning income and expenditures for September and Nine Months ending September 30, 1945.

(c) A balance sheet, as of September 30, 1945, was submitted.

On motion made and seconded, the above reports were received and placed on file.

5. **Interim Appointments:**

Council Chairman Gilman informed the Council that he had appointed the Local Committee on Arrangements for the 1946 Annual Session of the California Medical Association, as follows: E. T. Remmen, Los Angeles, Chairman; L. A. Alesen, Los Angeles; Louis J. Regan, Los Angeles; W. H. Geistweit, Jr., San Diego; Arthur E. Varden, San Bernardino; George H. Kress, San Francisco (ex-officio, through by-law provision); and Stanley Cochems, Los Angeles. The appointments were approved.

6. **Special Committee on Prepayment Plans and C.P.S.:**

Doctor Gilman made a progress report concerning the meetings of the Special Committee on Prepayment Plans and California Physicians' Service, of which committee Loren R. Chandler is chairman.

7. **C.M.A. Advisory Planning Committee:**

Mr. Hassard, reporting for the Advisory Planning Committee, presented the recommendations made at the third meeting of that committee, held on September 24th, as follows:

The chairman reported that at the last meeting of the Council there was referred to this committee for study and recommendation, a written proposal dated July 5, 1945, addressed to the California Medical Association by several of the insurance companies in California (the companies being Occidental Life Insurance Company, Pacific Employers Insurance Company, California-Western States Life Insurance Company, Federal Life Insurance Company, and the Associated Indemnity Company). The written proposal was then considered in detail. In substance, it requests the California Medical Association to approve a fee schedule to be included in all medical and surgical indemnity contracts, and to use its best efforts to require physicians to limit their charges to policy holders to the amount of the fee schedule, except where policy holder's income is over $4,000 per year. The proposal also suggested that all contracts issued with the California Medical Association's approved fee schedule be publicized under the name "California Plan."

After full discussion, it was unanimously decided to recommend to the Council as follows:

1. That the insurance companies be notified that the California Medical Association regrets that it is not feasible or practical for the California Medical Association to adopt or recommend to its members any schedule of fees for general application in the practice of medicine and surgery. (Council approved.)

2. That the California Medical Association inform the insurance companies that the medical profession is at all times alert to the matter of gross overcharging of patients, and that whenever evidence of gross overcharging is presented to the organized profession, it is most anxious to take all steps within its power to remedy such inequity as may exist; and that for such purpose the larger county medical societies have permanent Grievance Committees which, on proper complaint brought by a patient, can and will investigate claimed overcharges, and, if warranted, can and will institute disciplinary proceedings. Bearing in mind that a charge that is unwarranted in relation to the services rendered by any physician is a collective responsibility of the medical profession, it was further recommended that the Council officially call to the attention of all component county societies the fact that California insurance companies issuing medical or surgical indemnity policies have complained that a small percentage of doctors habitually overcharge, and urging each county medical society either to establish a Grievance Committee, if none now exists, or to request its existing Grievance Committee to use every effort to locate any instances of gross overcharging that may exist in the county, and take all steps possible to prevent repetition of overcharging. (Council approved.)

3. That the Council adopt a symbol or mark (e.g., a golden bear and the words "California Plan for Health Security") to be used by all bona fide reputable organizations in the voluntary health insurance field, and to be publicized throughout the State as a symbol of merit, with the purpose of thereby stimulating public interest in voluntary health insurance, and that the insurance companies be requested to join with the California Medical Association and California Physicians' Service and Blue Cross plans in promoting such a symbol or mark. (Council to pass on symbol to be adopted. Symbol to be owned by C.M.A. and copyrighted. Its use be permitted only by those insurance plans that meet the "Principles on Health Insurance" adopted by the Council at its August meeting.) (Council approved.)

4. That the Council propose to the insurance companies that a comprehensive plan be entered into under which California Physicians' Service and the Blue Cross organizations would cover medical, surgical and hospital services and care, the insurance companies would cover group life insurance and cash indemnity for loss of time during illness or injury, and under which the entire package would be sold to the public through the existing sales outlets of the insurance companies, such a plan to involve no sales commissions payable by California Physicians' Service or Blue Cross, except possibly a minimum commission to reimburse the insurance companies for their actual out-of-pocket costs. It was recommended that this plan be proposed, together with a publicity campaign founded upon an approved symbol, as a joint undertaking without any element of profit to anyone, in order that the maximum voluntary health insurance coverage can be obtained and the threat of compulsory health insurance thwarted. (Council approved.)

Mr. Reed then reported on the first public hearing conducted by the Assembly Interim Committee on Health Care at Los Angeles Friday, September 7, 1945: Doctor Askey and Mr. Cochems had appeared on behalf of the California Medical Association, and Mr. Von T. Ellsworth appeared for the Farm Bureau. Mr. Ellsworth complained bitterly about the supposed California Medical Association opposition to group practice. Assemblyman Collins suggested that the California Medical Association adopt a resolution clarifying its attitude on group

practice. The committee then decided to recommend that a letter be written to Assemblyman Collins pointing out that the California Medical Association's principles on health insurance covered the entire subject.

After discussion, it was unanimously decided to recommend that each of the District Councilors on the California Medical Association's Council invite all component society secretaries in their districts to attend meetings of the Council, as observers, (C.M.A. not to be responsible for travel expenses.) In this connection, Doctor Remmen pointed out that it was difficult for the county society secretaries to keep abreast of all events through correspondence, and that attendance at Council meetings would prove both informative and stimulating. (Council approved.)

The Advisory Planning Committee unanimously recommended that Mr. Frank J. Kihm, Executive Secretary of the San Francisco County Medical Society, be appointed by the Council a member of the committee. (Council approved.)

The recommendations made at the fourth meeting of the Advisory Planning Committee held on October 17th, as per report made by Mr. Ben Read, were approved as follows:

Mr. Read gave a progress report covering the Washington office maintained by the United Public Health League. The present situation with respect to the Wagner-Murray-Dingell Bill, the hospital construction bill, Veterans Administration legislation and other national matters were reported and discussed. It was decided to recommend to the Council that the medical profession in this State, through appropriate organizations, obtain in advance the views of every candidate for a State or National office at the next California general election in 1946, with respect to the subject of medical costs and their distribution and that those candidates whose publicly expressed views are in the public interest be wholeheartedly supported and those candidates whose views do not accord with the public interest be vigorously opposed.

8. California Physicians' Service:

Reports were made by C.P.S. Secretary Chester L. Cooley, and C.P.S. Director W. M. Bowman.

Doctor Cooley referred to the meeting of C.P.S. Trustees held on October 20th, and among items receiving comment were the following: Court suit now pending concerning certain legal phases; better understanding with commercial insurance carriers; status of the medical service rendered in housing areas, and that all housing medical service units except that in Vallejo had been closed; new fee schedules for C.P.S. professional members; Alameda County and Sacramento County problems, in relation to services rendered by professional members.

Discussion was participated in by Councilors Kindall, MacDonald and Cline, and on motion made and seconded, it was voted that the Council request the Sacramento Society for Medical Improvement to make possible a conference at a regular or special meeting, at which C.P.S. problems of mutual interest could be discussed.

Mr. Bowman, Director of C.P.S., referred to the following items: Prospective new groups who might come into C.P.S.; activities of the four speakers to service clubs whose salaries were paid through allocation from the C.M.A.; financial status of C.P.S., stating that in September, C.P.S. received $26,000 in excess of expenditures.

Other comment was made by Doctor Lowell S. Goin, President of the C.P.S. Trustees. Doctor Goin gave a break-down of payments received in his office from 100 C.P.S. chest patients as contrasted to payments received from 100 private chest patients; the income from the C.P.S. group was $3,762.00; and from the same number of private patients, $3,848.50.

Suggestion was made that it would be interesting if similar break-downs could be obtained from, say ten surgeons representing rural and urban areas, and ten specialists; the thought being expressed that such an analysis would demonstrate that the money actually received from C.P.S. patients is quite in line with the income that would be received from the same number of private patients.

Reference was also made to a letter of September 10th, received from Doctor James N. Neil of Oakland, concerning C.P.S. It was voted to send this letter to the Committee on Prepayment Plans and C.P.S., of which Doctor Chandler is chairman.

9. Report of C.M.A. Committee on Postwar Plans for the Medical Profession:

Doctor Harold A. Fletcher, Chairman of the C.M.A. Committee on Postwar Planning, and also Chairman of the California Procurement and Assignment Service for Physicians, submitted a report in which the conditions that had developed in California incident to the return of a large number of military colleagues from both California and other states, were taken up in detail.

The report dealt with the procedures designed to protect the rights of California colleagues who are still in military service, the plans in regard thereto to apply both to California and other state physicians who desire to reëstablish themselves in practice. Concerning California colleagues, it was felt that until conditions are more settled, all such colleagues should go back to their former places of practice, rather than reëstablish themselves in some other California community.

It was stated there is no legal power to prevent a man from establishing himself wherever he desires. However, the State and County Procurement and Assignment Services for Physicians were agreed that they would not construe a returning physician "essential for civilian practice" in any particular community, if physicians who formerly practiced in that community were still in military service, and the community was not in need of additional physicians. Every case is to be treated as an individual proposition, and in accordance with the needs of the community.

(The full report by State Procurement and Assignment Service Chairman Fletcher appears in CALIFORNIA AND WESTERN MEDICINE for November, on page 228. Editorial comment in regard thereto appears in the same issue on page 205. A letter outlining the procedure adopted by the Santa Clara County Procurement and Assignment Service, submitted by Doctor Fred W. Borden, Chairman, appears on page 229 of the November issue of CALIFORNIA AND WESTERN MEDICINE.)

After full discussion, the Council voted to approve the recommendations made by the P. & A. Service, and that steps be taken to acquaint the component county medical societies and the A.M.A. with the recommendations made therein.

Doctor Fletcher suggested that Editor Kress also make editorial mention in regard to the report.

10. A.M.A. in San Francisco in 1946:

Association Secretary Kress stated a telegram had been received from A.M.A. Secretary West, stating that if transportation and meeting facilities are available in San Francisco in 1946, the Annual Session of the American Medical Association previously scheduled for San Francisco in that year, if held, might not take place until July or August, 1946.

Mention was made of the activities of the San Francisco Convention Bureau, whose Director, Mr. Walter G. Swanson, in conjunction with C.M.A. Officers, is carrying on the negotiations for meeting facilities in the Civic Center.

It was stated that decision concerning the date of the 1946 A.M.A. meeting might be made by the Trustees and

the House of Delgeates of the A.M.A. at the meeting to be held in Chicago on December 3-6, 1945.

11. **Annual Dues for 1946:**

(a) The Council discussed the dues of members returning from military service, with special reference to period of time a waiver of dues should continue after military colleagues had returned to civilian status.

After consideration by a sub-committee, consisting of Doctors Cline, MacDonald, and Askey, the following resolution was presented and approved by the Council:

WHEREAS, Returning military members of the California Medical Association have been and are under disruption of their economic status by factors beyond their control; and

WHEREAS, Payment of dues during the period of time of recent discharge from the service might work a hardship on them; therefore be it

Resolved, That military leave (for service in the Armed Forces) be considered as in force until January 1, 1947, for all those who have been granted such military leave of absence; and be it further

Resolved, That the Council of the California Medical Association recommend to the House of Delegates at the next session to consider what is its wish in regard to those members who are still in service after January 1, 1947.

(This would eliminate payment of the $100.00 dues by any military member and would postpone until January 1, 1947 (1½ years) the payment of any dues except as specifically ordered by the House of Delegates after considering all angles of the problem.)

(b) Doctor Gilman called attention to letters that had been received concerning the 1946 dues that were adopted by the C.M.A. House of Delegates in May, 1945. Attention was called to the fact that the Council has no authority in the matter, since the action had been taken by the supreme body of the Association; namely, the C.M.A. House of Delegates.

12. **Annual Session of California Medical Association in 1946:**

Chairman of the Committee on Scientific Work, Doctor Kress, placed before the Council some queries concerning next year's Annual Session, regarding dates, number of days of meeting, and place of meeting.

The 1945 House of Delegates having voted that the 1946 Annual Session should be held in Los Angeles, the Council heard reports concerning hotel facilities and agreed that the Hotel Biltmore would be the preferable place of meeting, particularly since it would be possible also to make arrangements for commercial exhibits.

Also, since there had been no regular meeting during the war period, it was felt that a regular four-day session would be desirable; and that the meeting should begin on Tuesday, May 7, 1946, and be carried on through Friday noon, May 10, 1946. It was so voted.

13. **"California and Western Medicine":**

(a) Attention was called to trade printing conditions which have much to do with the somewhat delayed and irregular appearance of CALIFORNIA AND WESTERN MEDICINE. The printers are making efforts to overcome their manpower difficulties as rapidly as possible.

(b) Attention was also called to a letter received from the Trustees of the American Medical Association, dated October 3, 1945, in which the A.M.A. Trustees served notice that the A.M.A. Coöperative Medical Advertising Bureau might be discontinued at the end of the current year. It was stated that this subject had been given over to the Executive Secretary for further consideration.

14. **Association of California Hospitals:**

Doctors Gilman and Cline made comment concerning the plan submitted to the Executive Committee of the C.M.A., by George U. Wood, Chairman of the Blue Cross Committee of the Association of California Hospitals.

Executive Committee Chairman Cline outlined to the Council the discussions that had taken place relative to the plan submitted by Doctor Wood, having the title, "The American Plan."

Mention was made of the modifications which the C.M.A. Executive Committee felt should be made in regard thereto. Doctor Cline referred to the several committees that had been appointed by the C.M.A. Council at the instance of the Association of California Hospitals and the three Blue Cross organizations, stating that out of the discussions and presumable agreements, nothing had as yet developed, beyond the proposed action submitted by Dr. Wood.

Doctor Cline referred to a letter that had been sent by the C.M.A. Executive Committee in reply to Doctor Wood. This letter emphasized the necessity of having a uniform statewide plan in Blue Cross activities and that it was important to have direct corporate authority vested in the conference groups.

Upon motion made and seconded, it was voted that the California Medical Association appoint a conference committee consisting of five members, the committee however, to have no power for commitments. The committee consists of: Doctors Sam J. McClendon, San Diego; E Vincent Askey, Los Angeles; Chester L. Cooley, San Francisco; John W. Cline, San Francisco; and Ernest W. Page, Berkeley.

Concerning the plan submitted by Doctor Wood, other discussion followed. Incorporated in Doctor Wood's statement were the following:

The Board of Trustees of the Association of California Hospitals approved the recommendation of the Blue Cross Committee, recommending to the California Medical Association that we pool our efforts in the development of a uniform plan for the State of California.

The plan proposes the following features:

1. It should be sponsored by the California Medical Association and the Association of California Hospitals and other allied professions.

2. It should be voluntary rather than compulsory.

3. It should assure the individual free choice of doctor, dentist and hospital with no interference with the professional relationship between physicians, dentists and patient, or between physician and hospitals.

4. It should place emphasis on community welfare and should be non-profit in operation. Surplus earnings, after safe reserves have been provided, should be used for the benefit of subscribers in the form of reduced premiums or increased benefits.

5. Benefits should be comprehensive.

6. The plan must be free of political control.

7. The setting up of an over-all governing board of control is proposed, consisting of equal representation of physicians, hospitals, industry and the public to administer a uniform plan of prepayment voluntary insurance covering medicine, surgery and hospitalization.

After further discussion, Doctor Cline reported that at the 195th meeting of the Executive Committee, held on September 26, 1945, the following modifications were suggested by the C.M.A. Executive Committee:

The mimeographed circular *"The American Plan,"* submitted by George M. Wood, Chairman of Blue Cross Committee of the Association of California Hospitals was considered paragraph by paragraph and following tentative agreements reached in regard thereto:

(a) In the diagram, words "equal," "advisory," and "public" to be deleted. Word "Labor" to be inserted as

of equal importance as "Industry." Word "Agriculture" to be substituted for word "Public."

(b) In the subparagraphs under side heading, *"The plan proposes the following features,"* notations to be made as follows:

Paragraph (1), no change.

Paragraph (2), no change.

Paragraph (3), delete word "dentist" with addition of sentence, "When, as and if Dental Care is included, then equitable representation of the Dental Profession will be made."

Paragraph (4), place period after word "welfare" in first line. Delete remainder of the paragraph.

Paragraph (5), add words, "as possible," to then read "Benefits should be as comprehensive as possible."

Paragraph (6), no change.

Paragraph (7), delete word "equal." After word "hospitals," insert word "labor." Delete word "public" and insert in lieu thereof, word "agriculture."

* * *

Tentative Agreement that it would be desirable to have a large Governing Board or Board of Directors say of 30 members composed of 6 members each, respectively representing the groups of (1) Physicians, (2) Hospitals, (3) Labor, (4) Industry, and (5) Agriculture. This body to meet several times a year.

* * *

The Governing Board to elect an Executive Committee consisting say, of three physicians and two hospital representatives. This committee to be the active administrative head of the organization.

* * *

Discussion followed on whether the three Blue Cross Plans now operating in California could amalgamate as one organization; or whether, that failing, the Association of California Hospitals would wish to bring a new statewide Blue Cross group into being (in conjunction, with or without one or more of the three existing California Blue Cross groups.)

15. Legal Department:

Legal Counsel reported the present status of the Industrial Accident Fee schedule. The Council was informed that the Industrial Accident Fee Schedule Committee had approved modifications in the fee schedule previously submitted by the Association to the Industrial Accident Commission, these modifications being: home visits, $2.50; hospital visits, $2.50; double operations, one and one-half times the fee for a like single operation.

Counsel then recommended that the new fee schedule, as modified, be forthwith submitted to the Industrial Accident Commission, with a petition urging its adoption.

Counsel pointed out that under the reorganization bill recently passed by the Legislature, there are now seven members of the Industrial Accident Commission instead of three members, as was formerly the case, and that of these seven, three of the new commissioners reside in southern California. For this reason, Counsel requested permission to associate a southern California attorney in all matters before the Industrial Accident Commission.

On motion, seconded and unanimously carried, the recommendations of the Legal Counsel were approved, and the Executive Committee was authorized to arrange with Legal Counsel for the compensation of the Southern California associate attorney.

16. Woman's Auxiliary:

Receiving comment were the following: A letter of October 15, 1945, from Mrs. Ralph Eusden, President of the Woman's Auxiliary to the California Medical Association, enclosing a letter of June 19, 1945, to Mr. Stanley Cochems, concerning *The Courier;* and a letter of September 18th, 1945, to Mrs. Eusden from Mr. Cochems, and a resolution adopted by the Directors of the Woman's Auxiliary to the C.M.A. In the new arrangement, *The Courier* of the Woman's Auxiliary would be considerably increased in size.

17. Instructions to C.M.A. Delegates to A.M.A.:

Doctor Dwight H. Murray, Chairman of the C.M.A. delegation to the A.M.A., reported that the delegates and alternates had been in session during the noon hour and had agreed upon general policies to be followed in relation to the meeting of the House of Delegates of the American Medical Association to be held in Chicago on December 3-6, 1945.

It was stated that Delegates Wilbur, McClendon, Murray, McLean, Askey, Cline, and Cass would be able to attend, and that Doctor Madsen, alternate to Delegate Goin, would also attend, thus completing the delegation of eight from the C.M.A. to the A.M.A. House of Delegates.

18. Committee on Public Policy and Legislation:

(a) Doctor Dwight H. Murray, Chairman of the C.M.A. Committee on Public Policy and Legislation, made a brief report concerning the present status of legislative matters.

(b) A letter was read from Doctor A. J. J. Rourke, concerning Senate Bill 191, through which some five million dollars would be appropriated for a nationwide survey of hospitals. The Council voted to endorse S. B. 191.

(c) Mr. Read discussed Federal and State legislation, referring to the following items: Wagner Bill; Pepper Bill for extension of E.M.I.C.; the possible addition to the United Public Health League of the States of New Mexico and Wyoming; the Washington office of the United Public Health League; tours by Assemblyman Kraft to Alameda, San Mateo, Santa Clara, and San Francisco counties; possible special session of Legislature in December or January; and, obtaining opinions of legislative candidates on the subject of compulsory health insurance.

19. Request from Physician in Del Norte County for a Component County Society Charter from the C.M.A.:

Request was received from Doctor Francis M. Stump of Del Norte County, for a county society charter for that county.

The information was given that Del Norte County had approximately 5,000 citizens, with three resident physicians. Attention was called to the by-law provision, Article V, Section 8, whereby issuance of a charter is vested in the House of Delegates, the Council having no authority.

20. C.M.A. Cancer Commission:

The C.M.A. Cancer Commission, through its Chairman, Doctor Kinney, submitted the following:

The Cancer Commission submits the following progress report:

1. The Commission has decided to revise the Cancer Commission Studies of 1934 and prepare from that a cancer manual to be distributed to the physicians in the State. The editorial committee appointed consists of Dr. Leonard G. Dobson, Chairman, Dr. Clarence J. Berne, and Dr. Otto H. Pfleuger.

2. The Commission is attempting to organize a Cancer Committee in every county medical society in California. A bulletin has been prepared for each county committee outlining the functions of such a committee as visualized by the Commission.

3. The Commission is starting a preliminary survey of the cancer facilities in the State. A questionnaire has been

sent to each of the approved cancer clinics. A second questionnaire has been prepared to be sent to the Cancer Committee of each county medical society regarding the available facilities and needs in their county.

4. The Commission has appointed a committee consisting of Drs. Rinehart and Wood to contact the California Department of Public Health to discover the possible methods of coöperation between the California Medical Association and the Health Department in cancer control programs.

Dr. Wilton L. Halverson, Director of Public Health, has submitted a request to the United States Public Health Service to assign a medical officer to survey the cancer situation in California and advise him as to procedures. The Cancer Commission believes that the California Medical Association should join the Director of Public Health in this invitation to the United States Public Health Service to make a survey of the cancer situation in California. The Commission, therefore, respectfully suggests to the Council that they issue a request through channels to the United States Public Health Service paralleling the request of Dr. Halverson or that they direct the Commission to issue such a request in the name of the California Medical Association.

On motion duly made and seconded, it was voted that the recommendations submitted be approved and that the Cancer Commission be authorized to so inform the interested parties concerning a survey of cancer facilities in California.

21. **Committee on Rural Medical Service:**

It was agreed that the Chairman of the Council should appoint a sub-committee on Rural Medical Service, in response to a request from the A.M.A. Special Committee on Rural Medical Service. (Chairman Gilman appointed the C.M.A. Committee on Health and Public Instruction for this service: Drs. J. C. Geiger, E. Earl Moody and C. M. Burchfiel.)

22. **Los Angeles County Medical Association Invites C.M.A. Council to attend its 75th Anniversary:**

Secretary E. T. Remmen of the Los Angeles County Medical Association, and Speaker E. Vincent Askey, extended an invitation to the members of the Council and their ladies, to be the guests of the Los Angeles County Medical Association on the occasion of the 75th Anniversary of that county unit. The celebration will take place on Thursday, January 31, 1946.

On motion made and seconded, it was voted to accept with thanks the gracious invitation.

23. **Time and Place of Next Meeting:**

On motion, it was voted that the next meeting of the Council should be held in Los Angeles on Friday, February 1, 1946.

24. **Executive Session:**

The Council went into Executive session. It was agreed that action on the matters considered be deferred until the next meeting of the Council.

25. **Adjournment:**

There being no further business, the meeting was adjourned.

PHILIP G. GILMAN, *Chairman,*
GEORGE H. KRESS, *Secretary.*

Our country [America] has liberty without license and authority without despotism.

—James, Cardinal Gibbons, *Address,* at Rome, 25 March, 1887.

Intellectually I know that America is no better than any other country; emotionally I know she is better than every other country.

—Sinclair Lewis, *Interview in Berlin,* 29 Dec., 1930.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (25)

Alameda County (3)

Cholfin, Mollis, *Oakland*
Footer, Wilson, *Oakland*
Henley, R. Bruce, *Berkeley*

Merced County (1)

Buckley, John P., *Merced*

Orange County (2)

Thysell, Nels John, *Orange*
Wickett, William H., Jr., *Fullerton*

Sacramento County (2)

Fanucchi, Dino W., *Sacramento*
Iki, George S., *Los Angeles*

San Francisco County (14)

de Silva, Paul L., *San Francisco*
Escher, Earl W., *San Francisco*
Fenlon, Roberta F., *San Francisco*
Garthwaite, Mary E., *San Francisco*
Hillstrom, Earl M., *San Francisco*
Howard, Frederick S., *San Francisco*
Low-Beer, Bertram V. A., *San Francisco*
Mendel, Robert A., *San Francisco*
Musser, Don Carlos, *San Francisco*
O'Gara, Louis A., *San Francisco*
Salisbury, Peter F., *Berkeley*
Schindler, Meyer, *San Francisco*
Schmitz, William G., *San Francisco*
Torkelson, Harold P., *San Francisco*

San Joaquin County (1)

Chope, H. D., *Stockton*

Yuba-Sutter-Colusa County (2)

Culiver, Norman, *Marysville*
Edwards, D. Ermorine, *Marysville*

Retired Members (3)

Nuttall, John P., *Los Angeles County*
Slemons, J. Morris, *Los Angeles County*
Visscher, George, *Los Angeles County*

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† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Boyer, Horace Russell. Died at Glendale, November 10, 1945, age 68. Graduate of Unversity of Maryland School of Medicine, Baltimore, 1903. Licensed in California in 1909. Doctor Boyer was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Breuer, Miles John. Died at Los Angeles, October 14, 1945, age 56. Graduate of Rush Medical College, Chicago, 1915. Licensed in California in 1943. Doctor Breuer was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Cooper, Harold John. Died at Fresno, November 5, 1945, age 51. Graduate of Stanford University School of

Medicine, Stanford University-San Francisco, 1921. Licensed in California in 1921. Doctor Cooper was a member of the Fresno County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Desrosier, George Washington. Died at Colusa, October 25, 1945, age 66. Graduate of Cooper Medical College, San Francisco, 1894. Licensed in California in 1895. Doctor Desrosier was a member of the Yuba-Sutter-Colusa County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Driver, Camilles Ogden. Died at Los Angeles, August 2, 1945, age 48. Graduate of Rush Medical College, Chicago, 1922. Licensed in California in 1922. Doctor Driver was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Khuri, Kalim Basil. Died at Hollywood, November 4, 1945, age 58. Graduate of Columbia University College of Physicians and Surgeons, New York, 1915. Licensed in California in 1939. Doctor Khuri was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

MacMillan, John Kerr. (Captain, Army of the United States.) Killed in Action, October 5, 1945, in Iran, age 37. Graduate of College of Medical Evangelists, Loma Linda, 1938. Licensed in California in 1938. Doctor MacMillan was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Parkinson, Sidney Nuttall. Died at Piedmont, October 31, 1945, age 46. Graduate of University of Pennsylvania School of Medicine, 1926. Licensed in California in 1930. Doctor Parkinson was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Sagnella, Lawrence Alexis. Died at West Los Angeles, October 29, 1945, age 45. Graduate of Tufts College Medical School, Boston, 1925. Licensed in California in 1935. Doctor Sagnella was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

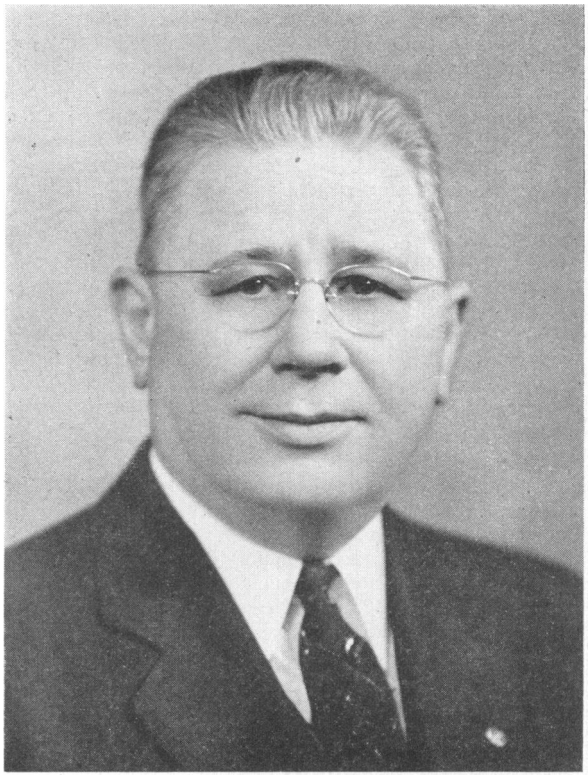
✤

Waterman, Helen Jane. Died at Berkeley, October 14, 1945, age 88. Graduate of Women's Medical College of Pennsylvania, 1897. Licensed in California in 1897. Doctor Waterman was a Retired Member of the San Francisco County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

George Eliot (1819-1880).—From the Journal and letters of George Eliot, born Mary Ann Evans, it is evident that she was never in robust health, a factor that often affected her writings. All the more credit to her that she contributed such outstanding novels to English literature as "Adam Bede" and "Silas Marner." Her death occurred after a brief illness, brought on by a cold and throat ailment, that she developed after sitting in a draft in an over-heated concert hall.—Warner's *Calendar of Medical History.*

OBITUARIES

Henry Stanley Rogers
1884—1945



The difficulty of putting thoughts into words and onto paper is never more present than in writing about a friend all those things which were deserved but probably unmentioned during his lifetime. At such times our own shortcomings arise to confront us. Our only defense can be that we have tried in our friendship to express those sentiments which we have not put into words; those things which we felt but did not talk about.

The death of Henry Stanley Rogers came as a shock to many, an anticipated event to others and a release to Henry. In ill health for more than a year, he went to his reward while instructing his attending physician in the intricacies and technique of handling his own case. Never could he have better demonstrated the courage which constituted a large element of his character.

Henry Rogers, or Stanley as his family and some intimates called him, will never be rated as one of the great men of our time. His career did not lend itself to consideration of greatness but his steadfast character, his understanding heart and his normal courage were all elements which we seek in great men. To that extent, at least, we can call him great in his own small way. Born on a farm, educated in the manner of all other physicians of his time, he came out of medical school just in time to enter the Army Medical Corps in the first World War. Serving with distinction, not seeking or receiving much recognition in the way of military rank, he carried on his duties even in the face of a gas attack from which he saved his patients but could not himself escape. The results of that attack were to remain with him throughout his life and undoubtedly to contribute to his final illness.

At the war's end Henry and his wife, the former Jean DeHart, came to Petaluma, outlanders with a love of the soil and an ambition to do their best in the com-

munity of their choosing. Proof of their outstanding success in this endeavor came at Henry's funeral, where not one but many friends made the same comment, to the effect that there was not a better loved man in the community.

Zeal, where we find it, often expresses itself in various directions, and in Henry Rogers this was the case. His interests encompassed more than his own practice, his family, his home, his community. He early took an active interest in the professional, social and economic aspects of the practice of medicine. He brought into organized medicine the point of view of the rural man, the citizen of California who may be forgotten in a state which is preponderantly rural but dominated by large metropolitan areas. On the Council of the California Medical Association, Henry Rogers represented the sound judgment of the truly mature man, at the same time representing to a majority of metropolites the cause of our many rural residents. His counsel was ever sound, honest and contributory to the common good. As President of the California Medical Association, 1941-1942, he displayed all the characteristics of leadership which his colleagues recognized in electing him to that post.

Henry will be missed throughout California. He will also be missed at Diamond Lake, Oregon, where his summer cabin and his bright red fishing canoe were known to all. In his fishing he exhibited the same skill, patience and canny understanding that he brought to his whole professional and personal life. His intimates will always treasure his friendship and remember him, his friends will miss him. We have all suffered a loss in his death.

John Dysart Dameron
1869—1945

On Tuesday, September 25th, the senior member of the San Joaquin County Medical Society, Doctor John Dysart Dameron passed away, after a lingering illness of several years' duration. Doctor Dameron was in his 79th year and had been practicing medicine in San Joaquin County since 1895, until his retirement several years ago. The Doctor was born in Prairie Hills, Missouri, June 11, 1867. He was graduated from the Missouri Medical College of St. Louis, Miss., now the Medical department of Washington University, on the 24th of March, 1894, and was licensed to practice in California in 1895.

In his earlier years in practice, Dr. Dameron was in charge of the San Joaquin General Hospital from the late nineties to 1912, at which time he built a private hospital in Stockton, which still bears his name, Dameron Hospital. During his long career he was primarily interested in surgery and earned a deserved and enviable reputation as a successful and bold surgeon. While at the San Joaquin General Hospital he began to close infected abdomens without drainage.

For many years he made regular trips to the Mayo Clinic and was a life long member of the Surgeons Club of Rochester, Minnesota.

In 1940 the San Joaquin County Medical Society met in a special dinner meeting held at the Hotel Wolf at which time Doctor Dameron was honored as the dean of the medical group of the San Joaquin County Medical Society. Seventy-two fellow practitioners, the largest gathering of medical men ever held in this county, paid him this tribute. His place will be hard to refill.

James T. M. Allan
1870—1945

On August 25th the medical staff of the California Hospital, in Los Angeles, lost one of its most loved members, Dr. James T. M. Allan. The death of this kind doctor ended a service to the hospital almost as long as the history of the institution, itself.

In 1903 Dr. Allan was the sixth youngest doctor to serve an internship at the California Hospital and, upon the completion of that service, he immediately began the private practice in Los Angeles that was to continue until his death.

Mr. R. Ernest Lamb, who conducted the memorial service for Dr. Allan, described him as St. Paul described the Apostle Luke, by calling him the "Beloved Physician."

"Many are the number who knew him as a fellow physician, one whose counsel was sought and valued, one who always was true to his solemn responsibility as a follower of the medical profession. His desire to heal, and save lives, and to minister to the needs of those who suffered came from his heart. As a comrade in service, he will be remembered as the beloved physician.

"Many others sought him as a doctor and discovered that they found not only a skilled physician but a warm and faithful friend. He was a man of rich and abiding friendships. To those he will be remembered as the beloved physician."

In the hearts of many, the name of Dr. Allan means love and service for others. There is no one who can take his place. He was a beloved physician.

Edward S. Babcock
1898—1945

Edward Saunders Babcock died in Sacramento, on September 3, 1945, at the untimely age of 47, of complications incident to an essential hypertension. He practiced pediatrics in Sacramento for 20 years. Though born in Porterville, N. Y., he lived his early years in Riverside, California. Graduating from the University of California Medical School, San Francisco, in 1923, he served one year as intern at the University of California Hospital and one year as Resident Physician in the Children's Hospital of Oakland before commencing practice in Sacramento.

Doctor Babcock was a veteran of World War I. For 16 years he was consulting physician of the Sacramento Children's Home and he was a past president of the Sacramento Society for Medical Improvement. He was also a past president of the Northern District Medical Society. He was a member of the California Acamedy of Medi-

cine, the American Pediatric Society, Washington Lodge No. 4 F. and A. M., the Scottish Rite, the Ben Ali Temple of the Mystic Shrine and Royal Order of Jesters.

To those who knew "Eddie Babcock," his passing is more than a momentary shock. The children who were his patients, their parents, and his medical associates whose privilege it was to work with him will long remember his sterling character and unforgettable personality.

Certain indelible impressions come to mind as one recalls pleasant associations with this colleague. They emphasize his outstanding characteristics, as kindness and tolerance of others' opinions, and painstaking scientific thoroughness and truthfulness in the finest medical tradition.

In his professional relationships Doctor Babcock was particularly outstanding. He was a strong organization man and gave generously of his time to medical affairs, was a faithful attendant at all medical meetings and a valiant partisan in all things pertaining to the welfare of the medical profession and the ethical practice of medicine. He was especially considerate of younger men entering practice and was more than generous in guiding and advising them.

Doctor Babcock's family life was another fine and happy chapter and his home ever a haven of friendship, hospitality and good cheer. He is survived by his wife and three daughters.

No words can adequately describe the high fidelity and courage displayed by Doctor Babcock during the final months of his illness. In those last days he was ever calm and unshaken. At all times he was his usual friendly, kindly self, interested in others, in events of the day and never by word or gesture intruding upon others his own tragedy inevitably approaching.

To sum up our colleague whose passing was so untimely—he represented all that was fine and good as a doctor, a husband and father, as a citizen and as a man.

D. SCHUYLER PULFORD.

MEDICAL EPONYM

Wilson's Disease

The essay "Progressive Lenticular Degeneration: A familial nervous disease associated with cirrhosis of the liver" formed part of a thesis by S. A. K. Wilson (1878-1936). The monograph appeared in *Brain* (34:295-509, 1912), and the following is a quotation from pages 486 and 487:

"Progressive lenticular degeneration is a disease of the motor nervous system, occurring in young people and very often familial. It is not congenital or hereditary.

"It is progressive and fatal within a varying period; acute cases may last only a few months . . . the average duration of chronic cases in four years.

"It is characterized by a definite symptom-complex, whose chief features are: generalized tremor, dysarthria and dysphagia, muscular rigidity and hypertonicity, emaciation, spasmodic contractions, contractures, emotionalism. . . .

"Although cirrhosis of the liver is constantly found . . . there are no signs of liver disease during life. . . .

"The chief pathological feature of the disease is bilateral symmetrical degeneration of the putamen and globus pallidus, in particular the former. . . .

"A constant, essential and, in all probability, primary feature of the pathology of the disease is cirrhosis of the liver, not syphilitic or alcoholic."—R. W. B., in *New England Journal of Medicine.*

Life is not measured by the time we live.
—George Crabbe, *The Village*, Bk. II.

CALIFORNIA PHYSICIANS' SERVICE†

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Beneficiary Membership

	October, 1944	*October, 1945*
Commercial Program.....	93,000	151,233
Rural Health Program	2,011	2,178
Housing Program	15,200	7,098
Total Membership	110,211	169,509

The Board of Trustees of California Physicians' Service held a regular meeting on October 20th, at the Town House, Los Angeles.

It was reported that the membership as of this date was approximately 170,000. Acquisition activities during the month of September showed an enrollment of 10,940 new members. This was offset by a loss of 4,731. This loss is heavier than has been reported in previous months, and represents the effects of reconversion and shifting labor conditions on the plan.

Under professional membership, there is still a steady increase in the number of physicians who are allying themselves with the organization, and as of the end of September, total professional membership reached 5,625. There is noticeable activity on the part of physicians returning from service. Individual calls are being made to these men, the history of C.P.S. during the time they were in service is being reported to them, and they are being brought up to date on its present status and current procedures. Many of these physicians have expressed a great deal of satisfaction with present conditions, and also with the improvement in the method of handling patients which has taken place since they last rendered service.

It was reported to the board that the professional membership generally has graciously understood the necessity for the $2.00 unit value during the reconversion period. This is a factual demonstration of the support given by professional members of C.P.S.

Various phases of the actuarial status of C.P.S. were thoroughly discussed by the board, to see where other economies might be made. However, it was the consensus that at least six months or more experience under the new rates should be analyzed before any changes of this nature are made. It was also the consensus that the product which is now being offered to the public is excellently adjusted to the practice of medicine, and also provides a maximum of benefits to the beneficiary. These two principles, being the main objective of prepaid medical care plans, should be preserved.

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† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization through W. M. Bowman, Executive Director.

Of interest to the individual physician was a report of income under private practice, in a consecutive series of 100 cases, against income under C.P.S. for a series of 100 consecutive cases of a similar nature. The results showed a very satisfactory comparison, and on the basis of this report, it was suggested that the Council of the California Medical Association make an independent inquiry of a similar nature from physicians in the various specialties, in different areas of the state. The results of this should be of considerable interest.

The Public Relations Program is being geared more and more to the coming Public Relations Program of the California Medical Association. Several communities in the state have requested so-called "community programs," in which the physicians and local business have indicated their desire to join together and promote prepaid medicine in their communities.

The board was advised that notice had been given to the Marin Housing Authority to close Marin City as of November 30th. This has now been accomplished. In the interim, due to a sudden drop-off of membership in the Vallejo area, because of economic conditions relative to wages and the intensification of turnover in labor, notice has been given to the Vallejo Housing Authority that C.P.S. would discontinue in that area by the first of the year. This will constitute complete disappearance of this special program which was in effect during the war time period.

Negotiations are still under way, and progressing, to develop a new Rural Health Program which can more adequately reach increasing numbers of the farm population of this State.

The board was given current reports on the activities of the C.M.A. Study Committee, as well as the C.M.A. Advisory Planning Committee and the Hospital Association Committee.

The board authorized bonuses to employees at Christmas, in the interest of strengthening personnel relationships and rewarding loyal employees for their services to C.P.S. This applies to the general administrative staff, but excludes the executives.

Guests at the meeting were Mr. Mortenson, Secretary of the Retail Druggists' Association of Southern California, and Mr. Warnack, Vice-President of the California State Pharmaceutical Association. They indicated a desire to find a common ground upon which the pharmacists and physicians of this State could present a solid political front in mutual coöperation.

In the interim since the board meeting, the representative of the National Physicians' Committee, which is making a study of medical service plans throughout the country, spent several days at the C.P.S. offices in San Francisco. C.P.S. has also been visited by an actuary employed by the Assembly Interim Committee of the State Legislature. Both were given free access to information, and special information is being prepared, at their request.

CHESTER L. COOLEY, M.D., *Secretary.*

The less America looks abroad, the grander its promise.
—Emerson, *Uncollected Lectures: Character.*

E Pluribus Unum. (One from many.)

—*Motto,* used on the title page of the *Gentleman's Journal,* January, 1692. Motto for seal of the United States proposed originally on 10 August, 1776, by a committee composed of Benjamin Franklin, John Adams and Thomas Jefferson. Adopted 20 June, 1782. The motto was added to certain coins in 1796. The actual selection of the motto has been claimed for Pierre Eugène du Simitière, a Swiss artist, who was employed by the committee, shortly after the Declaration of Independence, to submit a design for the seal—a design which was not accepted.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

On Coöperation Between California State Office of Selective Service System and California P. and A. Service for Physicians

(COPY)

FEDERAL SECURITY AGENCY
PROCUREMENT AND ASSIGNMENT SERVICE
FOR PHYSICIANS—CALIFORNIA
Field Office: Room 1331, 450 Sutter Street
San Francisco 8, California
November 8, 1945.

George H. Kress, M.D., Secretary-Editor, *Addressed.*

I am enclosing a copy of a letter which might be published in the Journal of the CALIFORNIA AND WESTERN MEDICINE if you feel it advisable. It is of interest because it shows the fine coöperation the Procurement and Assignment Service as well as the Postwar Planning Committee of the California Medical Association is receiving from the various agencies involved in the relocation of veterans. The Procurement and Assignment Service and the medical profession has had the greatest help and coöperation from the State Office of the Selective Service System.

With my kindest regards, I remain,

Sincerely yours,

HAROLD A. FLETCHER, M.D.,
California State Chairman for Physicians, Procurement and Assignment Service.

(COPY)

STATE OF CALIFORNIA
DIRECTOR OF SELECTIVE SERVICE
Plaza Building, Sacramento 14
October 16, 1945
Subject: Your Lettet re: ————

Dear ————:

The problem which you present concerning Dr. ——— has interested me considerably, insomuch as it resulted in my learning of a number of activities engaged in by Procurement and Assignment, which activities I was not acquainted with until I made inquiry as a result of your letter.

My first impression was that a doctor such as Dr. ———, certainly has the right to settle in whatsoever spot he so desires to settle as long as it is in the jurisdiction of his licensesure. I was certain that Procurement and Assignment could not "dictate the location of such a native son and veteran." Such is the fact. Procurement and Assignment cannot dictate the location of a doctor, but the Procurement and Assignment Service is still being asked by the California Medical Association as to the need of a doctor in specific spots and it is being asked for opinion as to whether it deems it fair and right that a particular doctor should switch his activities from a town where he once practiced to another town of his desire.

The reasons for approaching Procurement and Assignment for a recommendation with respect to a doctor's location are many. Apparently, first and foremost in the minds of those requesting such recommendation, is that of protecting the veteran physician who is still in the Army, and who, reasonably, should be assured that he may return to his old practice without having others

come in and take away his practice while he is helpless to protect it. Suppose we utilize the situation surrounding Dr. ——— as an example: Let us say that Dr. X, a surgeon who had builded a sizeable practice in —— ——, still remains in the service, and must so remain in the service for some six or more months. The question arises as to whether it is cricket for Dr. ——— to now move to —— ——— and establish a surgical practice which might prove to be detrimental to Dr. X's interests even after he returns. In other words, while Dr. X is helpless to return to —— ———, Dr. ——— enters —— ———, even though Procurement and Assignment feels that —— ——— is presently not in urgent need of another surgeon, and, likely, could not provide enough surgical practice for both Dr. ——— and the returning veteran after the veteran returned. Remember that the Procurement and Assignment recommendation to ——— ——— Medical Society does not preclude the possibility of Dr. ——— going into —— ——— and establishing a practice even though such recommendation might make the ——— ——— doctors unhappy if Dr. ——— did go to —— ——— despite Procurement and Assignment's recommendation that his entry there might upset the normal balance of medical needs.

By having made a 5-year study of the overall distribution of available medical care in California, Procurement and Assignment is recognized as being in an excellent position to advise where new doctors should locate as well as to advise concerning the justification (or lack of it) in the case of a doctor who wishes to dislocate from one area to locate in another. Since the California Medical Association recognized that the Procurement and Assignment Service had collected such extensive and important and guiding data concerning the medical needs of California, they approach Procurement and Assignment and ask them to act in an advisory capacity, and, it should be stressed that their recommendations are advisory only. This answers your question as to the legality of any policy dictated by Procurement and Assignment. With respect to dictating location, there is no legal basis.

There is probably a good reason why Dr. ——— has not yet heard from Dr. ———. Dr. ——— is involved only with the loca set-up. When Dr. ——— receives a letter asking whether it is proper and right and in accord with needed medical distribution for one to settle in —— ———, Dr. ———, who is acquainted with the local survey, writes to the Chairman of Procurement and Assignment in California, gives said Chairman his best advice as to the need of the specific doctor desiring entrance into the community, and further advises the State Chairman concerning the time expectancy when doctors who have been established in —— ——— prior to entrance into the services will return. The State Chairman coördinates his local opinion with the picture as seen from the State level. Then, in turn, the State Chairman makes direct recommendation to the County Society concerning the need for the doctor, and discusses the right or wrong of the question as to his coming in prior to the return of those who expect to return shortly. Unquestionably, you recognize that such processing, followed by the Procurement and Assignment's report, would influence a local Medical Society as to the acceptance or non-acceptance of a member into its fold. To the extent of bothering by repetition, stress should again be put upon the point that whatever the decision the County Society makes would not bar the doctor from coming into the new location other than the bar which has been placed there by a lack of good will.

The reason why Dr. ——— has not had direct response from Dr. ——— likely may be laid to the delay caused by the processing from his office to the State Chairman and, then, back to the County Society.

If anyone should object to this method of attempting to properly distribute medical care to the population of the State, there is one great and saving point to such objection. It is as follows: The Procurement and Assignment Service has accomplished a magnificent job up to this time and, therefore, it is likely to continue to serve both the public and the profession well. From one who has had the opportunity to be closely acquainted with the work of Procurement and Assignment during the last five years, I can truthfully say that their task has been a difficult one, their work has been sincere and honest, they have made decisions without prejudice and those who abide by their decisions will not be led astray.

BERT S. THOMAS,
Colonel, MC,
State Medical Officer.

cc: Dr. H. A. Fletcher, Chm.,
P. & A. Service for Physicians

New Discharge Setup

The soldier with a big family will be eligible to get out of the Army after December 1, regardless of his point score.

The War Department announced on November 16 a series of modifications to the present discharge system, including a reduction of point scores, which it said would add 783,000 men and women to the number eligible for release.

Later, the Navy announced point revisions for officers and enlisted men in previously "frozen" classifications which it said would qualify nearly 10,000 for release by January 1.

By December 1, the Army estimates it will have either discharged or have eligible for release, approximately 5,000,000 men. This figure will include more than 3,500,000 actually discharged and 1,483,000 eligible for discharge.

This will mean that of the 8,300,000 men in the Army on V-E day, 3,300,000 will be in service. The Army, however, is larger than that because of inductions and enlistments.

Men with three or more dependent children under 18 years of age will be eligible for release. Length of service doesn't matter. Previously 12 points were allowed for each such child up to a maximum of three.

The new point score for enlisted men will be 55, instead of the present 60. . . .

Male officers, except those in the medical department, will be able to ask for release if they have four years and three months' service. Their point score will be cut from 75 to 73. The Army said it would have an announcement before the middle of next month regarding discharge requirements for both men and women medical officers.

Hoff General Hospital to be Closed

The Army's Hoff General Hospital, a city within itself, occupying 102 buildings and 56 acres, will close November 30, it was announced in Santa Barbara on November 1.

The first group of 350 civilian employees received civil service notice of termination of duties effective November 16. Officers explained patients will be transferred to other hospitals in the West between now and that date.

During the latter part of the month only a few officers and men were on duty to close the institution. In addition to the property inside the city the hospital operated a 15-acre farm and until recently used one of the largest elementary school buildings for special rehabilitation work.

Navy Approves Monterey for Fleet School

A plan to educate thousands of officers for a powerful postwar Navy has been approved by Secretary Forrestal, and a board has recommended that the school be located at Monterey, California.

The Navy announced the plan on November 5, and officials said it would assure equality of opportunity to officers who have not graduated from the naval academy at Annapolis.

A board headed by Capt. H. A. Spanagel has recommended that the permanent school be located at Monterey, and that a temporary school be established at Quonset, R. I.

The general line school would consist of a one-year course. Naval officers emphasized that the school could not be considered a West coast equivalent of Annapolis...

Speculation as to where the Navy would establish the institution in the Monterey area centered around the Del Monte Hotel.

However, S. F. B. Morse, head of the Del Monte Properties Company, which operates the hotel, said the Navy had not committed itself to him.

The hotel and its extensive grounds have been used by the Navy since the very beginning of the war. It now houses a Navy radio school.

(Note. Hotel Del Monte in recent years, has been the place of choice for annual sessions of the California Medical Association. It had been hoped that the Navy would soon release the property to the Hotel Management.)

Internal Medicine Conference at Letterman General Hospital

A conference on internal medicine was held at Letterman General Hospital in San Francisco, California, November 7 and 8, under the direction of Brigadier General Charles C. Hillman, Commanding General of the hospital, and was attended by medical chiefs, consultants, and surgeons of various hospitals and service commands.

Representing the Office of the Surgeon General, Brigadier General Hugh J. Morgan, Chief Consultant in Medicine, spoke on the rôle of medicine in the Pacific war and Major Clarence Livingood, Consultant in Dermatology, took part in a panel discussion of diphtheria and lichenoid and allied skin diseases.

Other subjects under discussion were rheumatic fever, coccidioidomycosis, and hepatitis. A program of dedication was planned for the new swimming pool at Letterman, and members of the conference were conducted on a tour of the hospital.

World War II Casualties

Sixty-three per cent of the wounds received in World War II were those of the upper and lower extremities, with the lower extremities the heaviest proportion, according to Major General Norman T. Kirk, Surgeon General of the Army, who spoke recently before the Milwaukee Association of Commerce.

"There were 207,754 men of the United States Army killed in action and 571,490 wounded," General Kirk stated. "Of those wounded, 363,322 returned to duty after hospitalization and 25,145 died. These figures indicate that the rate of those wounded who died was nearly twice as great in World War I."

Of the 15,000 amputees of World War II, 14,000 needed artificial limbs, 7,000 of whom still remain in general hospitals. The balance either returned to civilian life or remained on duty as instructors for other amputees, the General continued. There have been two quadruple amputations and nine triple amputations recorded in World War II. Of the 14,000 needing prostheses, 95 per cent have lost one arm or leg, and five per cent have suffered two major amputations.

Outlining the Army's job in medical care and rehabilitation of the wounded, General Kirk also stressed the part of the American public in helping the returned veteran, and concluded, "Too many men in the last war became social derelicts because too little responsibility was assumed by business and industry in placement of the individual in a job commensurate with disabilities. Those men have won the war, now let us help them win the peace."

General Somervell Reports on Army Medical Department

In his annual report to the Under Secretary of War and the Chief of Staff, General Brehon Somervell, Commanding General, Army Service Forces, made the following remarks concerning the Army Medical Department:

"The American Army is the healthiest army in history.

"Unbelievable strides have been made by Army doctors even as the war progressed, not only in surgery and care of the sick but in preventive medicine.

"Bold and successful use of sulfanamides and penicillin reduced the fatality rate of meningitis from 38 per cent in the first World War to three per cent in 1944, pneumonia from 24 per cent to 0.7 per cent, dysentery from 1.5 to only one recorded death. Deaths from malaria have dropped to an astounding low. In 1917-1919 there were 0.2 deaths per hundred cases . . . today the number is 0.06 per hundred.

"Great advances were made in the fiscal year in the uses of whole blood and penicillin. In North Africa the Army doctors discovered that blood plasma, although it did have a remarkably beneficial effect, could not substitute for whole blood in cases of the most severe shock. Blood banks set up in the United States sent 206,000 pints of whole blood to overseas theaters in nine months.

"Penicillin, for all its value, originally had shown a tendency to disappear from the blood stream after a few hours. In order to retain its effect, Army doctors worked out a method of suspending it in beeswax and peanut oil. Given hypodermically in this combination, penicillin remained in the blood for as long as twenty hours and destroyed disease germs.

"New methods of surgical care were perfected in the fiscal year. 'Phasing' of treatment was introduced. Care of the wounded was divided into three distinct phases. The first phase took place on the battle front, where surgeons and first aid crews gave emergency treatment. Patients then were evacuated, more swiftly than ever before, to hospitals in the Communications Zone. Much of this evacuation was done by air. It was not unusual for men who could be moved to undergo their emergency treatment within the sound of guns and eight or few hours later be in bed in hospitals five hundred miles behind the lines. There the second phase . . . 'reparative surgery' was undertaken. Again men were evacuated swiftly as soon as they were able to be moved safely to hospitals in the United States. Here the final phase of surgical reconstruction and rehabilitation was undertaken.

"The results are apparent in the lowest mortality rate in the history of any army in the world . . . 4.3 per cent of the wounded.

"DDT, the magic chemical produced in vast quantities for the Army, halted many plagues among civilian populations and prevented plagues in the Army by destroying insects and vermin. The entire population of Naples underwent DDT treatment, their clothing and bedding being sprayed, and dangerous epidemics were halted before they had a chance to spread.

"Inspection of foodstuffs is another duty of the Medical Department. Thirty-three million pounds of food were inspected daily at home and overseas.

"Forward steps in the neuropsychiatry treatments resulted in the return to duty in the theatre of operations of 90 per cent of the cases of battle fatigue. Forty to sixty per cent were able to return to combat units. Before the introduction of the new treatment, which occurs immediately behind the front, only ten per cent returned."

Army Personnel Receive Influenza Inoculations

All Army personnel have been ordered inoculated during the months of October and November with a new influenza vaccine as a preventive measure against influenza epidemics, the Office of the Surgeon General has announced.

The vaccine, made by injecting influenza virus into chick embryo, is to be administered in a single injection. Experimentation with the new vaccine was started early in 1943, but sufficient quantities for mass inoculation were not made available until the present year.

Army Medical Library Honorary Consultants Meet

The second annual meeting of Honorary Consultants to the Army Medical Library was held recently in Cleveland, Ohio, for the purpose of electing officers to the association. Among those attending were: Major General George F. Lull, Deputy Surgeon General; Colonel Harold W. Jones, former director of the Army Medical Library, retired; and Colonel Leon L. Gardner, present director of the Army Medical Library.

The following officers were elected: President, Dr. John F. Fulton; Vice-President, Dr. Chauncey D. Leake; Secretary-Treasurer, Colonel Harold W. Jones. Major General Lull was elected on the Executive Committee. The action taken by Congress toward erecting a new building for the Library was one of the main topics of discussion.

Art and Medicine

Realizing the contribution which the graphic arts have made to the historical and clinical study of medicine, the Army Medical Library is endeavoring to develop the picture collection which was begun many years ago. Largely through gifts, but partially through purchase, an accumulation has been made of anatomical drawings, pictures of medical institutions, instruments, and apparatus, posters publicizing public health drives, and maps for the use of sanitary engineers.

Society's attitude toward the practitioner is reflected in the etchings, engravings, and lithographs by some of the world's most famous caricaturists. The Army Medical Library owns original examples of the work of Rowlandson, Cruikshank, Hogarth, and Daumier.

When all the pictorial material of our most recent war has been gathered, it will serve as a valuable record of the problems which confronted contemporary surgeons and physicians.

The Army Medical Library's portrait collection includes some 10,000 photographs and prints. In it are represented the most famous medical men of all ages and all countries. Æsculapius appears, as well as Osler. The Library is anxious to continue to build its collection of portraits of persons prominent in the field of medicine and surgery. Individuals are being requested to send photographs to the Library. The collection of photographs of the Library's Honorary Consultants is not complete. If you are a member and have not already provided a photograph we will appreciate receiving one. It should be 8 x 10 inches in size, autographed, marked on the back with your name, address, and the approximate date on which it was taken, and sent to: The Director, Army Medical Library, 7th Street and Independence Avenue, S. W., Washington 25, D. C.

Any other medical material you may wish to contribute to our picture, map or poster files will be gratefully received.

Veterans' Administration Medical Corps for Veterans

General Omar N. Bradley, administrator of veterans affairs, on October 20, pledged the creation of a separate medical corps for veterans and expansion of present veterans' hospital facilities.

General Bradley told the convention of Disabled American Veterans a construction program of hospitals and medical centers for veterans requiring continued medical care is in prospect.

He said the veterans administration now needs 1,300 more doctors and more than 500 specialists.

Will Offer Inducements

"Some doctors have told us they will come with us if we can offer them more attractive salaries, chances for professional advancement and the opportunity to practice modern medicine," he said.

"We mean to provide all three."

General Bradley said these inducements had been incorporated into recommended legislation which would create a medical corps in the tradition of the army, navy or the public health service.

"Emergency expansion of existing hospitals is inadequate," he said. "We now have 83,000 beds—including 11,000 emergency ones set up in present facilities—but we need 105,000 permanent beds with adequate personnel to man them."

"Reforms" in Veteran Medical Setup

As a result of an experiment successfully operated in Monmouth County, New Jersey, the Veterans' Administration hopes soon to authorize veterans suffering from service-connected disabilities to receive treatment from qualified doctors of their own choice within their own communities, instead of at Government clinics exclusively.

This program, marking one of several radical changes in medical practice within the Veterans' Administration, was outlined on November 10 by Major General Paul R. Hawley, Surgeon General of the Veterans' Administration, to the medical board of advisors of the American Legion.

General Hawley listed other "reforms" including payment of fees to specialists who will act as consultants at veterans' hospitals, development of specialized teaching at two and later three general hospitals for veterans, and institution of a rotation system for men who attended these courses of specialized instruction.

He also said plans are being made to set up an airplane ambulance service, such as was used by the Army abroad, to take emergency cases needing specialized care from remote hospitals to those equipped to give the needed service.

Near Crisis in Veterans' Hospital Program

General Omar N. Bradley, veterans' administrator, believes a record total of 81,000 veterans in hospitals have caused a near-crisis in the government's hospitalization program which can be solved in the immediate future only by overcrowding beds.

On a one-day visit to San Francisco, on October 18, the former commander of the 12th Army Corps in the European theater told a press conference that a gradually in-

creasing building program was under way. The government plans to be taking care of from 200,000 to 250,000 veterans in 20 years, he said.

The main concern of veterans' hospitals now, Bradley said, could be summed up as "shortages."

"There is a shortage of space, beds and personnel," he said, "and there are more veterans waiting than come in." It is a question of overcrowding or not having beds at all."

He said hospital records since the end of the First World War showed a peak number of patients is reached 20 years after hostilities cease. He pointed out, however, that gas attacks of World War I were responsible for most hospital cases following that war. Absence of poison gas warfare and improved medical treatment in this war have resulted in "a larger number saved," he said. . . .

He said the administration hoped to relieve the shortage of doctors through a Senate approved bill now before the House which would increase the number of physicians under civil service and provide part-time doctors by connecting the veterans hospitals with medical centers.

All But 11,000 Army Doctors to be Released by Next June

Army doctors are being released faster than the Army is reducing its total strength, in spite of the large number of battle casualties still remaining in hospitals and the requirement of doctors for separation center work, according to Major General Norman T. Kirk, Surgeon General of the Army, who spoke recently in New York in appreciation of the services rendered by member hospitals of the United Hospital Fund of New York.

"The peculiar situation that we find ourselves in is that demobilization, in which everyone is concerned, cannot proceed without the help of thousands of doctors—2,000 of whom are devoting their medical services solely to separation centers," General Kirk said. "By the first of January more than 14,000 doctors will have been returned to civilian life, which is more than one-third of the total number of doctors comprising the Army Medical Corps at its peak. By June of next year we anticipate releasing all but 11,000 doctors."

General Kirk, stating the peak hospital load in the United States to be 318,000, pointed out that there is still a need for medical personnel and that "one of our greatest problems is to hold enough doctors in the service to give the maximum medical care to our patients.

"I want to assure you," General Kirk concluded, "that, first, the Army Medical Department is going to continue to give to the sick and wounded soldiers of this war the best medical care known to science, and secondly, that it is going to return to civilian life as rapidly as possible every Medical Department officer whose services are not essential to the Army."

Army to Release 23 Hospitals by January 1

Release by the Army of 23 hospitals out of its wartime peak of 65 by January 1, 1946, has been announced by Major General Norman T. Kirk, the Surgeon General.

These hospitals will be offered to the Veterans' Administration or back to their former owners in the case of leased properties.

Additional hospitals will be released after the first of the year, but the schedule for such release cannot be forecast at this time, General Kirk declared. "As the number of men being cared for in any hospital decrease to the point where it is uneconomical to maintain it as a separate institution, the patients and facilities are consolidated into more efficient and workable units," he explained.

The peak patient load of hospitals in the United States, reached at the end of June, 1945, was 318,000, and has been dropping slowly ever since, despite the influx of men from overseas theaters, which was more than compensated for by hospital discharges.

The Medical Department estimated that by January 1, 1946, this total will have declined to about 220,000 patients, and that by June of 1947 there will be only 70,000 men remaining in Army hospitals.

Among hospitals to be released are the following:

DeWitt General Hospital, Auburn, California—December 31, 1945;

Hammond General Hospital, Modesto, California—December 21, 1945;

Hoff General Hospital, Santa Barbara, California—November 10, 1945;

Torney General Hospital, Palm Springs, California—November 10, 1945.

Army Specialized Training Program for Medical Students to be Liquidated

Medical students now in the Army Specialized Training Program, which is undergoing gradual liquidation, will continue training through the current fiscal year, ending June 30, 1946, with the future of the program depending upon requirements for medical officers, which will be reconsidered at that time, according to an announcement by the War Department.

Army Doctors Make Over One Million Physical Examinations During October

Over 1,250,000 physical examinations of Army officers and soldiers being demobilized in the United States were completed by Army doctors during October, according to Major General Norman T. Kirk, the Surgeon General.

The two thousand Army doctors assigned to separation centers alone completed examinations of 757,433 men during this preiod. In addition, Army doctors are assigned to other separation offices.

It is the policy of the Army, General Kirk said, to see that every man being released from the service is given the ultimate medical care before returning to civilian life. In addition, he pointed out, in order to speed demobilization, the complete physical examination has been so planned that the average soldier is processed by eight different doctors in one hour from the time the first doctor sees him, provided he has no ailment.

In this chain of medical examination he is looked over by a dentist, eye specialist, ear, nose and throat specialist, orthopedist, surgeon, urologist, and internist. Finally an overall medical officer, who has before him the reports of all preceding examinations, including all x-rays and laboratory tests, with the exception of serology, determines his physical condition. If it is necessary the man is referred to a ninth doctor—a psychiatrist.

Army Lowers Doctors' and Nurses' Score

Washington, Nov. 30.—(UP.)—The War Department today announced further reductions in the discharge score for Medical Department personnel. It said this would make an additional 15,000 physicians and 5,000 dentists eligible for discharge.

The discharge score for doctors and dentists was reduced from 80 points to 70. Also, they will become eligible for release after 42 months of honorable service or if they are 48 years of age to the nearest birthday.

The critical point score for nurses was cut from 35 to 25, and the discharge age from 35 to 30. Nurses now will be eligible for discharge after two years of service.

Those on duty in the United States classified for limited service also become eligible for discharge. It was estimated this would make 12,500 nurses eligible for discharge in addition to the 27,000 already qualified. Twenty-two thousand nurses have been discharged so far from the peak strength of 57,000.

Since V-E Day, 15,000 physicians and 3,500 dentists have been released. Peak Army strength was approximately 45,000 physicians and 15,000 dentists.—San Francisco *Chronicle,* December 1.

War Department Reports New Discharge Regulations

Washington, Nov. 30.—(AP.)—The War Department today announced discharge requirements for plastic surgeons, eye, ear and nose specialists, orthopedic surgeons and internal medicine specialists, will be eighty points or continuous service since Pearl Harbor. A requirement of seventy points or forty-five months' service is fixed for gastoenterologists, cardiologists, urologists and other specialists. . . .—San Francisco *Examiner,* November 30.

General Bradley Plan for Veterans' Hospitals is Supported

Washington, Dec. 2.—(UP.)—Major General Paul R. Hawley, acting Surgeon General of the Veterans' Administration and former Chief Army Surgeon in Europe, has threatened to quit—"and quit at once"—if Congress refuses to go along with General Omar N. Bradley's plans for veterans' hospitals, it was learned tonight.

Hawley wrote a blunt defense of Bradley's program to Representative Edith Nourse Rogers (R., Mass.) during last week's flareup over a $158,000,000 deficiency appropriation to build new veterans' hospitals.

The major fight is over Bradley's reluctance to take over surplus Army and Navy hospitals in the congressional constituencies. Hawley wrote Mrs. Rogers, member of the Committee on World War Veterans' Legislation, that it was impossible for General Bradley to operate most Army and Navy hospitals because they were so isolated that doctors are unobtainable.

"I, for one, will not experiment with the medical care of the veteran. Either he gets the quality of medical care that he deserves, or I quit."

He said that the Veterans' Administration now employs 2,327 doctors, only two-thirds of those it needs to man 71,000 existing beds. Three-fourths of these are medical officers subject to release from the service.—San Francisco *Chronicle,* December 3.

Military Clippings—Some news items of a military nature from the daily press follow:

"Give Us Back Our Doctors," Cries U. S.

(First of three articles on the discharge of doctors in the service by Frank Astom, Scripps Howard staff writer.)

Washington, Oct. 29.—Across the country the cry rises: "Give us back our doctors. Get them out of uniform. We are desperate. Suppose we had an epidemic."

The military responds: "In medicine, the war is not over."

Demand for speedier releases is expressed formally by the American Medical Association. It springs alike from civilians and from some uniformed doctors.

The Army and Navy say: "We are fully aware of civilian needs. We are releasing doctors as rapidly as we can."

Against this crowds a common charge: "It should have been faster."

The Army expects to discharge almost 17,000 by January 1, the Navy about 4,000. The services insist the pace of doctor dismissal is getting faster all the time.

"Not Fast Enough"

Civilians retort: "It still isn't fast enough."

The Army obtained about 45,000 men, the Navy about 13,000 from the 165,000 who were practicing in 1941. Both services asserted they never had enough doctors.

The medical services point proudly to their records:

In World War II, only four of every 1,000 battle wound cases died after reaching hospitalization. This was half the toll of World War I. The death rate from disease in World War II was 1.2 per 2,000 per year. This was a drop from 38 per 2,000 in World War I and from 130 in the Civil War.

But civilians argue: "The war is over. Release our doctors."

Since V-E Day, the Army has released about 7,000 doctors, the Navy about 1,000. Following V-J Day, both services set up a community hardship system to return critically needed practitioners. . . .

It takes about a month to complete a hardship discharge.

Complaints from doctors in service run to this effect: "I haven't anything to do. I'm forgetting what I knew about medicine. My hands are getting stiff. I'll have to take a refresher course before I resume practice."

The services comment: "Until about a month ago we did have a bottleneck of overseas medical men. But now they're returning in enormous numbers as we assign young replacements. We still need doctors to attend wounded and sick men and to serve at demobilization points. We will not neglect the men who won the war." . . .

The American Medical Association reports that it is sympathetic with the Army and Navy, but it contends that doctors should be demobilized more rapidly. The A.M.A. says it receives letters from members in uniform complaining about idleness and slow demobilization.

As the Association sees it, the demobilization trouble lies in faulty administration.

The Army and Navy maintain: "Our prime duty is to our wounded and sick. And the health of the rest of the men must be protected."

At the same time, the services conceded that some of their doctors may sometimes twiddle their thumbs for lack of medical practice.

* * *

The Army admits some of its doctors may be twiddling their thumbs at times. The Navy claims the physicians it retains are military necessities.

Both services report they are demobilizing doctors as rapidly as possible, consistent with safety to military health.

The American Medical Association says that isn't fast enough. The sentiment is echoed by various civilians and by many uniformed doctors.

6 to the 1,000

Here is the Navy's story:

"The Navy had 932 doctors before the war and 13,800 in July, 1945. We never had enough. By October 8, we had reduced our doctor count to 12,586.

"The Navy tried to provide three doctors for every 1,000 men. In combat that percentage was increased. By January 1 we expect to demobilize 4,000 doctors from the Naval Reserve. As of November 1 we are discharging doctors with 53 points.

"Wounded Navy men are still coming home from overseas. Some cases we dare not move. There will be a heavy patient load for some time. Moreover, we still have a good-sized personnel over whom doctors must keep medical watch.

"We shall discharge doctors as we discharge other personnel. We want to get our doctors back to civilian service as soon as possible.

"The Navy expects to have 3,000 to 4,000 doctors in its peacetime set-up."

Here is the Army's story:

"All Army doctors may not be fully employed today. Some are on duty with occupation forces. Some are on leave. Some who worked for Federal institutions have been discharged but cannot resume their work until their 45-day leaves expire because thye are not allowed to draw both Army and Government pay. Others are in the process of being reassigned. . . .

Navy's Story

"On the other hand, our front-line surgeons and physicians, particularly with the infantry, performed prodigiously. They operated and treated under incredible conditions and carried a back-breaking load. We tried to provide 6.5 doctors for every 1,000 men. But in most combat areas that would not have been enuogh.

"After fighting stopped, most overseas doctors were busy sending the wounded home. After most of the wounded had been returned, many of the doctors remained

abroad. But today they are coming back fast. Most occupation doctors complain that healthy men on police duty provide them too little practice. But the Army won't rob its men of medical protection. . . .

"The Army is exerting every effort to hurry doctors back to civilian service. Some may be cooling their heels on occupation duty and a few may have little to do while awaiting reassignments. But there is more than enough work for all of them."

To this the American Medical Association responds: "Demobilization of physicians should be faster. We feel that there is a weakness in the administrative system of the service."

* * *

The American Medical Association wants the Army and Navy to rush service doctors home.

The service took about 60,000 doctors from civilian life. That was almost one-third of the total number active in 1941. It meant that home-front physicians had to handle an increased amount of work. It meant also that civilian health was not always guarded adequately.

Army and Navy report they are doing all they can to speed release of doctors.

Ask Quicker Action

But the A.M.A. says:

"Our reports indicate the Army and Navy are not being as prompt as they might be. We feel that doctors should be returned more rapidly to improve civilian protection and lighten the burden of physicians who served at home.

"Our information is that too many service doctors are being held where they are not vitally needed. Doctors themselves report this. Many are eager to get back to work

"Men complain that they are in danger of losing their skill. A great number will insist on refresher courses. That would take time and deny medical service to civilians just that much longer." . . .

The Association's records show there were 201,272 physicians in this country at the outbreak of the war. All of these were not practicing at that time. The A.M.A. estimates about 165,000 were active in December, 1941. To help in the crisis, some old practitioners resumed, but the younger man carried most of the load. . . .

Thus civilians complain and the military explains. Inquiry into both sides reveals:

Some Are Idle

That here and there some military physicians are idle at times.

That demobilization slows down on occasion, leaving doctors and other service people temporarily stymied.

That the military refuses to discharge doctors at what it considers the peril of wounded or sick servicemen or of those to be demobilized.

That demobilization will require services of thousands of doctors well into next summer.

That, in medicine, the war is not over.—San Francisco *News,* October 31.

Colonel Lee, Out of Army, Crusades For Public Health

Calls Medical Corps Set-up "Antiquated"

Dr. Russel V. A. Lee, not yet out of uniform although he has received his discharge and arrived home on terminal leave, took time out yesterday from greeting former associates at the Palo Alto Clinic to blast the "unfortunately antiquated organization of the army medical corps." And at the same time praise the caliber of army doctors and the "wonderful preventative medicine program" developed during the war.

The Palo Alto physician, who has retired with the rank of colonel after three years in service, revealed that he had written the original proposal of the bill advocating the creation of a national department of health that will be introduced in the Senate later this month.

The bill calls for the establishment of the office of secretary of national health, who would have cabinet status, and of a Federal department that would coördinate all government health agencies.

"Public health, after all," said Dr. Lee, "is as important as the postoffice."

Dr. Lee's most recent assignment was in Washington, D. C., as chief of preventative medicine for the U. S. Army Air Forces. Under his direction the air corps developed the unit that sprays DDT, the insect killer, over large areas.

Flu Vaccine Developed

Also under Dr. Lee's direction was the first large scale experiment with the new influenza vaccine, which appears destined to place flu on the list of preventable diseases and gives new hope that other diseases caused by a virus also can be prevented at some future date. Infantile paralysis, he said, may fall into this class, as the virus that causes polio is very similar to the influenza virus.

"In Denver last summer we gave shots of the influenza virus to 20,000 air corps personnel. On the basis of the experiment's success the army as a whole is being immunized, starting October 1."

The DDT plane that sprayed Rockford, Ill., the city threatened with a polio epidemic early this fall, was from Dr. Lee's experimental unit. The disease dropped off, he said, but results, so far, are considered inconclusive. Planes also were used to spray a large area of the Panama Canal zone with the resulting death of 98 per cent of the mosquitoes in the area.

Dr. Lee's army experience was an enriching one, he said, but the great majority of army doctors were not so fortunate.

The doctors who volunteered to serve with high ideals of patriotism were bitterly disappointed in the out-of-date organization of the medical corps, and consider their years in service "a waste of time," he said.

"I do not mean any personal criticism of the surgeon general," explained Dr. Lee, "but definite revisions of the military organization should be carried out to prevent the waste of personnel that existed during the war.

"Army doctors on the whole are bitter and unhappy because they were not given enough medicine and were often placed in administrative jobs. No other groups is as anxious to get out of the army," he continued.

While the civilian population suffered from lack of medical care, there wasn't enough work to go around in the medical corps, Dr. Lee declared.

Civilians Neglected

"Except for battle wounds, it was much safer to be a soldier than a civilian during the war," he went on. The army, he claimed, had six and a half doctors for each 1,000 men, while civilians had but one doctor to each 1,700 persons.

"The medical corps apparently does not realize the potentialities of army transportation for doctors," said Dr. Lee. "The use of air travel would make it possible for doctors to be kept in a central pool and flown where they are wanted when they are needed."

Army reserve doctors show little desire to stay in the corps or even to keep up their reserve status, the surgeon said. He believes that the army will have to make immediate improvements to make the service more attractive, and suggested the following:

The providing of better professional opportunities by giving doctors more interesting work in large general hospitals.

More rank from the start and faster promotions. Dr. Lee pointed out that young medical graduates with eight years of study behind them are commissioned first lieutenants, while a surgeon whose private practice brings in $50,000 a year may be made only a captain or major.

Dr. Lee's army experience left him with a high opinion of the type of young doctor the medical universities are turning out today.—Palo Alto *Times,* October 12.

Establishment of Hospitals For Veterans

A Bulletin of the Veterans administration gives the following information:

1. The 19 hospital locations, which General Bradley, Administrator of Veterans' Affairs announced on October 18, 1945, are only a part of the program, and many new hospitals containing thousands of beds will be announced upon approval by the President.

2. The policy is to locate hospitals where the veterans will receive the maximum benefit from the most modern medicine and surgery of the type now available only to wealthy (or charity) patients at certain nationally known medical centers.

3. Generally speaking, the benefit received depends primarily upon the type of medicine provided and not upon the buildings housing the patients. First-rate medicine can be provided only by first-rate specialists.

4. There are insufficient top-flight specialists available to staff expanding Veterans' Administration hospitals. Therefore, the services of this limited number of men may be obtained on a part-time basis only and only at the places where they are available, which are near the leading teaching centers. These are where the new large veterans hospitals should be located if the maximum benefits are to be provided.

5. Much of this new policy results from the number of veterans being about five times as great as before

World War II. Where 4,000,000 veterans were potentially available before, there are now almost 20,000,000.

6. This requires the policy to be to bring the veterans to the hospital itself, reversing the World War I idea of bringing the hospital to the veterans.

7. This does not entail, however, the abandonment of existing hospitals or preclude the building of small local hospitals for the convenience of veterans and visiting families. It will provide a type of treatment which may well mean the difference between recovery or death for thousands of seriously ill or injured veterans.

8. The interests of the veterans themselves, rather than of communities desiring veterans hospitals required the adoption of the present policy.

9. As part of the program announced by General Bradley for the construction of 19 new Veterans' Administration hospitals with a total of 11,100 beds, 13 of these hospitals with 9,550 beds are located near medical schools.

Funds for the new hospitals and additions are being requested for the current fiscal year (1946). They are part of the overall 29,100 bed program approved by President Truman on August 4, 1945. The remainder of the program, which will be announced later, will be requested for the 1947 fiscal year.

COMMITTEE ON ORGANIZATION AND MEMBERSHIP

Conference of Presidents and Other Officers of State Medical Societies

The first annual conference was held on Sunday, December 2, 1945, in the Tropical Room, Hotel Continental, Chicago.

PROGRAM

Presiding: A. S. Brunk, M.D., Detroit
Chairman of Presidents, Twenty-five States

2:30 P.M.

Report of Committee of Ten (Executive Commitee of Presidents, Twenty-five States)—H. H. Bauckus, M.D., Buffalo, N. Y., Secretary.

Presentation of Resolutions — Appointment of Committees.

3:00 P.M.

The Challenge—"How Can We Assure Adequate Health Service for All the People?"—Arthur J. Altmeyer, Washington, D. C., Chairman, Social Security Board.

How the Medical Profession Can Answer Today's Challenge—"Expansion of Voluntary Group Health Care Programs"—Joseph H. Howard, M.D., Bridgeport, Conn., President, Connecticut State Medical Society.

"Health Legislation Beneficial to the People"—Philip K. Gilman, M.D., San Anselmo, Calif., President, California Medical Association.

"Modern Medical Public Relations"—O. O. Miller, M.D., Louisville, Ky., Past-President, Kentucky State Medical Association.

"Formation of a National Health Congress"—John F. Hunt, Chicago, Ill., Vice-President, Foote, Cone & Belding.

5:00 P.M.

Round Table Discussion—Leader: E. J. McCormick, M.D., Toledo, Ohio, Past-President, Ohio State Medical Association.

Reports of Committees.

6:00 to 7:00 P.M.

Presidents' Reception—Host: The Michigan State Medical Society.

Acknowledgment: The California Medical Association and the Michigan State Medical Society for Joint Sponsorship of Program.

COMMITTEE ON PUBLIC RELATIONS

A.M.A. Public Relations Conference in Chicago

Specific recommendations for definite action resulted from the first A.M.A. Public Relations Conference held under the direction of the A.M.A. Council on Medical Service and Public Relations in Chicago October 19-20.

Developed along new lines, it was a sort of "grass roots" affair with 115 representatives registered from thirty-five states and the District of Columbia. A high point of the Conference, of course, was the talk by Major General Paul R. Hawley, Medical Director of the Veterans' Administration. Informal, frank, pointed, tied together with keen bits of midland humor, it left a fine impression. He has a tremendous job, but no one who heard him had any doubt as to his ability to tackle such a tough problem.

Following a quick getaway briefing by E. J. McCormick, M.D., chairman, on the first day, the Conference was streamlined to produce definite results into seven informal round table discussion groups under seven moderators. On the second day each moderator prepared a round-up report on each round table embodying definite recommendations to be worked up by the Council for presentation for action by the Board of Trustees and the House of Delegates of the A.M.A.

As soon as possible these recommendations will be published in *J.A.M.A.*

Definite recommendations were made in regard to:

1. Prepayment plans.
2. E.M.I.C. program.
3. Fourteen point program.
4. Placement of Returning Medical Officers.
5. Publicity and Public Relations.
6. Veterans' Administration.
7. Rural Health.

PREVIEW OF CONFERENCE RECOMMENDATIONS

On the Fourteen Point Program:

Note. The 14 Point A.M.A. Program appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1945, page 62.)

With reference to Point No. 1 relative to better living conditions, "We recommend constant publicity on the facts of this particular problem through the A.M.A., the state associations, the county societies, and the women's auxiliaries, by addresses and articles not only in the medical journals but also in the lay press."

For Point No. 2 concerning preventive medicine, "The implementing of this second point is by means of legislation. Such legislation should also be of interest to the A.P.H.A., the State and Territorial Health Officers Association, and the U.S.P.H.S. We recommend that the A.M.A. sponsor a conference with these groups in an endeavor to enlist their coöperation in legislative efforts to accomplish the purpose of this item."

"And on Point 14 referring to Veterans' Administration and U. S. Public Health Service, "Free choice of physician for all veterans under the care of the Veterans' Administration and integration into the voluntary plans of hospitalization and medical care."

On the E.M.I.C. Program:

"That the present Medical Advisory Committee to the Children's Bureau is not truly representative of the entire medical profession. Any program of that Bureau must be administered through the States' Medical Associations, and they should be represented."

"That the present advisory steering committee to the Children's Bureau be abolished and a new committee be

established which shall consist of one representative from each state medical association . . . and such other medical organizations as have a direct interest in the functioning of the Bureau."

"That since the Children's Bureau is not properly related to the Department of Labor, it should be transferred to the Federal Security Agency until such time as all health and medical activities of the Government are segregated into a single department."

On the Placement of Medical Officers:

"That all discharged medical officers be given terminal leave pay at the termination of their active duty and prior to the expiration of such accrued leave as they may have, thus enabling them to participate immediately in the benefits provided by Public Law 346 (78th Congress, G. I. Bill of Rights). Such a procedure will enable the returned medical officer to commence immediately his training in hospitals or medical schools after leaving the armed services."

"It is recommended that the Council on Medical Education and Hospitals be urged to set up at once a method for the more prompt approval of hospitals for residencies and consider the advisability of giving some temporary approval until formal inspections can be made."

* * *

A.M.A. Advisory Committee on Prepayment Medical Care Plans:

The Council has approved the appointment of an Advisory Committee to direct the work on Prepayment Medical Care Plans. The Committee will be composed of various plan directors and others interested in this problem. It will have the duty of setting up a program for gathering regular monthly or quarterly data on the plans; for analyzing such data, and reporting back to the plans or to medical societies interested in starting plans. An organization meeting will be held at the A.M.A. headquarters at the earliest possible date.

* * *

Health Council Plans on Local Level:

The Community Health Council idea as a medium for public relations and to assist in activating health programs seems to have a promising future. Until recently Health Councils have generally been local medical society projects. Dr. John Fitzgibbon has emphasized the importance of such Councils in the statement: "Most public health problems could be satisfactorily solved at the local level if local medical societies would assume the leadership in a plan of coöperative effort with other interested local organizations and agencies with whose leaders friendly relations were easily made or already existent."

Another program just instituted, and which presents a different and interesting approach to the problem, is that of the Michigan Health Council. This is not an effort solely by the doctors of Michigan but represents the combination and coördination of their influence and support with that of other organizations of the state which have a common interest. The Council was incorporated a year ago as a joint organization of the Michigan State Medical Society, the Michigan Hospital Association, Michigan Service and Michigan Hospital Service.

Reports on Proposed Laws Related to Public Health Activities

A report upon certain bills now pending before Congress.

Wagner-Murray-Dingell Bill—S. 1050:

The Senate bill is still with the Committee on Finance while the House bill is with the Committee on Ways and Means. Neither Committee has manifested any intention of early consideration of the bills, but Senator Wagner says he expects to have hearings upon his bill held in the near future.

Hill-Burton Hospital Bill—S. 191:

The subcommittee of the Senate Committee on Labor and Education has rewritten S. 191 and reported it out to the Full Committee a week ago. Today the Full Committee reported it to the floor of the Senate. Among the important features of the bill are—

1. Instead of appropriating $100,000,000 for construction for the fiscal year ending June 30, 1946, the new bill provides $75,000,000 each year for the first five years beginning the fiscal year of 1947.

2. The formula for allotment to states has been changed so that allotments will range from 33 1/3 per cent to the most wealthy states to 75 per cent for the poorest.

3. The Surgeon General is instructed to prepare within six months, with the approval of the Federal Advisory Council and the Administrator, general regulations with regard to the

a. Number of general hospital beds that may be constructed in any specific area.
b. Specialized hospital beds.
c. Number and distribution of public health centers.
d. General manner of determining priority of projects.
e. General standards of construction and equipment.
f. Prevention of discrimination on account of race, creed or color.

4. Ten specific instructions are outlined for preparation of plans by the States. Briefly stated they are:

a. Designate a single agency to administer or supervise administration of the plan.
b. Show that this agency will have authority to carry out the plan.
c. Provide for an advisory council to consult with the agency.
d. Set forth a hospital construction program to be based on a survey of needs.
e. Set forth the relative need for projects and provide for their construction.
f. Provide methods of administering the plan.
g. Provide minimum standards for maintenance and operation of hospitals which receive Federal aid under this title.
h. Provide for an opportunity for a hearing before the agency to every applicant for a construction project.
i. Provide that the agency make such reports from time to time as the Surgeon General may require and give him, upon demand, access to the records upon which such information is based.
j. Provide that the agency will from time to time review its hospital construction program and submit to the Surgeon General modifications it deems necessary.

5. The definition of public health center is modified by limiting it to the provision of "public health services." The original bill had provided "medical care" as well.

National Research Foundation Bill—S. 1297, S. 1285 and S. 1248:

The three Senate bills, S. 1297, S. 1285 and S. 1248 authorizing the creation and financial support by the Federal Government of a national research foundation are being considered by the subcommittee of the Committee on Military Affairs. Hearings have been held. Members of the subcommittee are Senators Kilgore, West Virginia, Chairman; Thomas, Utah; Johnson, Colorado; Murray, Montana; Revercomb, West Virginia; Wilson, Iowa.

Dr. Vannevar Bush whose report—"Science, the Endless Frontier" formed a basis of the bill, was a witness. That the Government should stimulate research and assist with appropriations is unanimously agreed, but there is a difference of opinion as to how the Government shall be related to the work. Some recommend that there be created by the President a board of prominent scientists who shall select a director, but he shall not have the

power of veto. Others recommend that the President appoint a director and a board, giving the director full authority. Still others suggest that there shall be two boards, a scientific board and an administrative board, and the director should be over the administrative board. Difficulty in separating fundamental, basic or curiosity scientific research from applied scientific research complicates the problem of administration.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

County Hospitals in California May Admit Veterans Eligible for U. S. Care

County hospitals may admit veterans with nonservice connected disabiliteis who are also eligible for care in a Veterans Administration hospital, according to a recent opinion of the Attorney General.

The opinion was prepared for the Kern County Counsel who had inquired concerning the admissibility to the County Hospital of veterans with tuberculosis who are residents of the county but who have available to them adequate medical treatment and hospitalization from the Federal Government.

"The right to receive care at a veterans hospital is not in our opinion a property right," the Attorney General stated. "At least it is not such a right as would prohibit or deny admission to the applicant otherwise qualified for the county hospital."

California Hospital Advisory Board

Dr. John C. Sharp, medical superintendent of Monterey County Hospital, is chairman of the Hospital Advisory Board, appointed by Governor Earl Warren to assist the State Department of Public Health in the administration of the New Hospital Act.

Serving with Dr. Sharp are: Dr. Charles R. Poitevin, administrator of Long Beach Osteopathic Hospital; Mr. Charles A. Wordell, administrator of San Francisco Children's Hospital; Mr. Paul T. Elliott of Los Angeles Presbyterian Hospital; Mr. A. A. Aita, administrator of San Antonio Community Hospital in Upland.

Accidental Death Rate Called Low at Los Angeles County Hospital

Official Testifies County Institution's Record of Fatalities Is Below Average

"Los Angeles County General Hospital has fewer 'accidental' deaths due to improper treatment or the administration of wrong medicine than the average hospital," Dr. Pheobus Berman, director of the medical unit at the institution, on November 7, told an Assembly committee.

"During my 26 years at the hospital, I do recall some accidental deaths, but they occur in every hospital," he said.

Public Hearing

His testimony was given before the Assembly interim committee on charitable institutions, which is holding a public hearing in the State Building on conditions at the hospital. The inquiry is the result of the recent "wrong bottle" death of 14-year-old Pauline Estrada, in the Osteopathic Unit of the Los Angeles County General Hospital.

"More than 600,000 patients are treated in General Hospital annually," Dr. Berman pointed out, "and out of that number some, naturally, are dissatisfied with their medical treatment or the services they are given by hospital attendants.

"But the majority of the patients and their families are satisfied—those are the ones from whom you hear no complaints. In fact, we have a large file of letters from ex-patients praising the hospital." . . .—Los Angeles *Times,* November 8.

Statement of Advisory Committee of Los Angeles General Hospital

In a letter received yesterday by the Board of Supervisors, signed by A. B. Ruddock, chairman of the committee, the following is set forth:

"The General Hospital Advisory Committee has closely followed the circumstances surrounding the recent death of Pauline Estrada in the osteopathic unit of the General Hospital. Members of the committee have inspected the facilities and installations where the regrettable incident occurred and have reviewed the manuals covering medical and nursing procedures in the hospital. The committee has also surveyed the situation with representatives of the staff and the County Medical Association.

"The facts elicited by this investigation serve only to confirm the heretofore held opinion of your committee that this large hospital, with its multiplicity of services, is being well operated. Your committee has full confidence in the administrative officers of the hospital, Mr. Arthur J. Will and Mr. Leroy Bruce. It feels that this unfortunate death cannot be attributed to any failure, or error, on the part of these officers."

Besides Chairman Ruddock other members of the lay committee are: J. C. MacFarland, Maynard McFie, Dr. Robert A. Millikan, Roy E. Naftzger, Mrs. Rollin Brown and Garner A. Beckett.—Los Angeles *Times,* November 3.

Los Angeles County General Hospital Has a Good Record

Recent statements by Albert B. Ruddock, chairman of the General Hospital Advisory Committee, and by the Los Angeles County Medical Association appear to indicate that much recent criticism of the General Hospital lacks justification. While it is undeniable that in the General Hospital, occasional mistakes have been made both by doctors and nurses which have resulted in death or injury of patients, these errors appear to bear a very small proportion to the number of patients treated.

Mistakes occur in private hospitals and in private practice also. The General Hospital is a very large institution, treating some 2,800 patients daily, and in the course of a year millions of treatments of all sorts are administered. While it is regrettable that any mistakes should occur, it is hardly humanly possible to eliminate all of them. The best of systems will slip up at times, since all humans are fallible.

The hospital is understaffed, both with doctors and with nurses, but this is largely due to conditions beyond the control of the management or anyone else. In the allocation of doctors and nurses the armed forces have had to come first. The opinion of the County Medical Association that the record of the General Hospital is, in view of all factors, excellent and compares favorably with that of private hospitals is entitled to much weight. —Editorial in Los Angeles *Times,* November 10.

Rates Up at Two San Francisco Hospitals

Two San Francisco hospitals on November 16, boosted rates to meet rising prices and the San Francisco Hospital Conference, representing all but four of the city's hospitals, was "discussing the issue."

Charles J. Malinowski, president of the conference, said

rate boosts have been "under discussion for some time, but the conference has not yet been acted officially."

Two members of the conference, Franklin and St. Lukes hospitals, have acted independently to raise rates.

Superintendent Malinowski, of the French Hospital, said there was "a definite need for increases, in room and board rates."

Increases in food prices have left some hospitals "selling way below cost," he said.

The conference embraces all but Chinese, Sutter, Morton and San Francisco County hospitals.

At Franklin Hospital, rate increases applied to rooms, including board, but did not effect operating room and other fees, it was said.

Court Holds French Hospital of San Francisco Not Charitable Institution

In a broad ruling affecting hospitals operated by mutual benefit societies, the United States Circuit Court of Appeals here on Dec. 5 ruled that the French Hospital is not a charitable institution and must, therefore, pay Social Security taxes.

The Circuit Court reversed a ruling by Federal District Judge A. F. St. Sure who held that the hospital, operated by La Societe Francaise de Bienfaisance Mutuelle, was not liable for such taxes. Judge St. Sure ordered the United States Collector of Internal Revenue to refund $35,269 in taxes paid for the years 1936 to 1939.

Because members of the society, who pay a monthly rate to cover medical care, benefit through lower rates, the Circuit Court ruled that the hospital could not be classified as an organization "operated exclusively for charity."

The court's opinion pointed out that more than half of the hospital's 1944 income of $680,448 came from patients who were not members of the society.—San Francisco *Examiner,* December 6.

French Hospital of San Francisco Loses U. S. Tax Case

A long-pending dispute as to whether French Hospital was a charitable institution and therefore not obligated to pay social security taxes yesterday was decided by the U. S. Circuit Court of Appeals against the hospital.

An opinion of the Court, written by Judge William E. Orr, held "the hospital is not charitable in any sense" although citing that a large part of the hospital's services went to members of the French Mutual Benefit Society for a monthly assessment of $1.75.

By the ruling, the hospital is obligated to turn over to the Internal Revenue Collector $35,269 paid under protest in social security taxes for the years 1936 to 1941. Previously, Federal Judge St. Sure and a deputy revenue collector had ruled in favor of the hospital.

Judge Orr's opinion described the membership hospital service as "low cost" rather than charitable, and cited additionally that non-members paid regular hospital rates. —San Francisco *Chronicle,* December 6.

Veterans' Hospital Facilities in California

California Sends Appeal to Truman For 8,000 More Beds

"Totally inadequate" hospital facilities for disabled World War II veterans in California were described in detail on November 16, by a Senate interim committee which demanded immediate provisions for 3,000 additional beds in Northern California and 5,000 in Southern California.

The demand was in the form of a resolution adopted by the interim committee on veterans' affairs, headed by State Senator Irwin T. Quinn. It is being forwarded to President Truman, General Omar N. Bradley, director of the Veterans' Administration, the Federal Board of Hospitalization and all members of California's congressional delegation.

The resolution asks that the 8,000 additional hospital beds for veterans in this State be actually divided between general and surgical cases, with adequate provisions for treatment of recurrent tropical diseases, for nervous and mental disorders and for tuberculosis and other respiratory cases.

Hospital needs, the resolution states, were determined from "factual evidence" presented at a hearing held in San Francisco on November 5 and in Los Angeles, November 7. The evidence showed, it continued, that on December 7, 1941, all veterans' hospital facilities were filled to capacity and that since then only 250 beds have been added.

It said California's requirements for rehabilitation of veterans, with 700,000 men inducted from this State and another 350,000 discharged veterans from other states now here, will be more than 33 1/3 per cent above normal.

"A most critical situation now confronts the Veterans' Administration," it declared, "and new facilities and beds must be immediately provided in California to prevent chaos and a breakdown in caring for those who come back from the battlefronts sick, disabled and broken in health."

It called upon the Veterans' Administration to take over Army and Navy hospitals that are being closed, and to allocate some of its $500,000,000 for new hospitals to California.

"Hospital Construction and Survey Bill" Endorsed by American Hospital Association

Legislation which would enable the Federal Government to promote the building of hospitals where they are needed as indicated by thorough surveys of state and local needs was introduced early in 1945 into the 79th Congress as the Hospital Construction and Survey Act, Senate Bill S. 191, and is aggressively supported by the American Hospital Association in conjunction with other national health and labor organizations. Several companion bills are also before the House. (The Council of the California Medical Association has at two meetings, approved S. 191.)

These identical bills propose survey and building programs to be administered by state governmental authorities under the general supervision of the Surgeon General of the U. S. Public Health Service, who will be aided by a Federal Advisory Council. S. 191 proposes Federal grants-in-aid for three purposes: to inventory existing hospitals and health centers and to survey the need for additional construction; to recommend construction of public and nonprofit hospitals and health centers that would supplement existing hospitals, clinics and similar services; and thirdly, to aid in the construction of hospitals and health centers in accordance with the needs indicated by such surveys.

The Bill's authorization for appropriation for the first year totals $750,000,000 with a like amount to be supplied by state and local funds. Hearings before the Senate Committee on Education and Labor were completed in March, and hearings before the House Committee will be opened on November 15. In contrast to the previously established Federal works system which built hospitals without benefit of thorough surveys, S. 191 proposes to build hospitals where they are most necessary and to allot funds according to the relative financial needs of the various states.

COMMITTE ON POSTGRADUATE ACTIVITIES

U. C. Refresher Course in Psychiatry Scheduled

A twelve-weeks refresher course in psychiatry will be offered by the Division of Psychiatry with the help of other divisions of the Medical School of the University of California. The announcement comes from Dr. Karl M. Bowman, director of Langley Porter Clinic on the San Francisco campus, who is in charge of the instruction.

Designed for returning service men who wish to prepare for examinations of the American Board of Psychiatry and Neurology, the course will start on January 7 and will consist of 420 hours of lectures and clinical demonstrations. The enrollment is limited to fifty and only graduate physicians are eligible who have had some experience in psychiatry, but candidates also will be judged on the basis of individual qualifications. Arrangements for the class are being handled by University Extension.

There is a definite shortage of trained psychiatrists, Dr. Bowman says. Only 4,500 psychiatrists are registered in the United States whereas a conservative estimate places the need at more than 10,000.

Medical Research Fund Gives $40,000 to U.C.L.A.

A gift of $40,000 from the Jewish Fund for Medical Research was recently received at the Los Angeles campus of the University of California. This sum is to be devoted to the furtherance of cancer research at that campus, Dr. Robert Gordon Sproul, University president, announced.

The University has already received one-half of the sum and the remainder will be made available in the near future. It will bring to $50,000 the total amount given to the University by the national fund.

Part of the funds, which were obtained largely through the efforts of David Tratner, Los Angeles merchant, will be used for a special building on the Los Angeles campus. It will be designed to facilitate expanson of a cancer research project already in progress.

Dr. Harry S. Penn, research associate in zoology, who is directing the work, has already pronounced results "encouraging" in this vital investigation of one of the principal mortality causes in the United States today.

A committee of scientists drawn from the Berkeley campus as well as the Los Angeles campus of the University has been appointed by Dr. Sproul. Zoology professor, Dr. Albert W. Bellamy, is in charge of the committee.

Twelfth Annual Postgraduate Assembly—College of Medical Evangelists

The Twelfth Annual Postgraduate Assembly was held Sunday, December 2, 1945, from nine o'clock in the morning until nine-thirty o'clock in the evening in Paulson Hall, at the White Memorial Hospital, 1819 Michigan Ave., Los Angeles.

All medical men in good standing were invited to register and attend the Assembly. The registration fee was three dollars. Residents, interns, and medical students were guests of the Alumni Association.

PROGRAM

9:00 a.m.—"The Examination of Low Back Pain."
Joseph C. Risser, M.D., Clinical Professor of Orthopedics, College of Medical Evangelists School of Medicine, Los Angeles, Calif.

9:30 a.m.—"Ten Million Deafened."
Russell M. Decker, M.D., Assistant Clinical Professor of Surgery (Otolaryngology), University of Southern California School of Medicine, Los Angeles, Calif. (Followed by film—"The Right to Hear.")

10:00 a.m.—"Amebic Hepatitis and Liver Abscess."
A. C. Pattison, M.D., Assistant Professor of Surgery, University of Southern California School of Medicine, Los Angeles, Calif.

10:30 a.m.—"The Importance of Early Diagnosis in Rheumatic Fever."
Louis E. Martin, M.D., Assistant Clinical Professor of Medicine, University of Southern California, School of Medicine, Los Angeles, Calif.

11:15 a.m.—"Remarks on Diagnosis of Brain Tumors."
Carl Rand, M.D., Professor of Neurosurgery, University of Southern California School of Medicine, Los Angeles, Calif.

11:45 a.m.—"The Use of Artificially Radioactivated Elements in Diagnosis and Therapy."
Bertram V. A. Low-Beer, M.D., Assistant Professor of Radiology, University of California School of Medicine, San Francisco, Calif.

12:15 p.m.—"The Diagnosis of Allergic Rhinitis and Asthma."
William C. Deamer, M.D., Associate Professor of Pediatrics, University of California School of Medicine, San Francisco, Calif.

2:00 p.m.—"Management of Carcinoma of the Lower Bowel."
William H. Daniel, M.D., Associate Clinical Professor of Surgery, University of Southern California Medical School, Los Angeles, Calif.

2:30 p.m.—"Interpretation of Intravenous Urograms."
James R. Dillon, M.D., Clinical Professor of Urology, Stanford University School of Medicine, San Francisco, Calif.

3:00 p.m.—"Laboratory Aids in Diagnosis of Endocrine Disorders."
Leo T. Samuels, Ph.D., Head of Department of Biochemistry, University of Utah Medical School, Salt Lake City, Utah.

3:30 p.m.—"Applications for Invisible Plastic Contact Eye Lenses."
Harold F. Whalman, M.D., Clinical Professor of Ophthalmology, College of Medical Evangelists School of Medicine, Los Angeles, Calif.

4:15 p.m.—"Plastic Surgery on the Extremities."
Lt. Comdr. W. John Pangman (MC), USNR, Plastic Surgery Departmetn, U. S. Naval Hospital, Oakland, Calif.

4:45 p.m.—"Office Treatment of Diabetes Mellitus."
Solomon Strouse, M.D., Clinical Professor of Medicine, University of Southern California School of Medicine, Los Angeles, Calif.

5:15 p.m.—"The Changing Picture in Tuberculosis."
Edward Kupka, M.D., La Vina Sanitarium, Altadena, Calif.

7:00 p.m.—"Mental Patients' Attitudes to Their Own Life Histories."
Karl L. Buhler, M.D. (Freiburg), Ph.D., Psychologist at the Veterans' Administration, Los Angeles, Calif.

7:30 p.m.—"Cutaneous Ulcerative Hodgkin's Disease and Tissue Imprints."
Louis H. Winer, M.D., formerly Clinical Associate Professor of Dermatology of University of Minnesota, Minneapolis, Minn.

8:00 p.m.—"The Electron Microscope—Its Significance in Research."
Newton Evans, M.D., Professor of Pathology, College of Medical Evangelists School of Medicine, Los Angeles, Calif.

8:30 p.m.—"The Art, Science, and Business of Medicine." W. B. Holden, M.D.

* * *

The College of Medical Evangelists on November 29, presented the first annual Newton Evans Lecture in Bacteriology and Pathology. Speaker: Wesley W. Spink, M.D., Department of Medicine, University of Minnesota Medical School. Subject—Brucellosis: Diagnostic and Therapeutic Considerations.

Fifteenth Mid-Winter Convention—Postgraduate Clinical Convention

The Research Study Club of Los Angeles (Eye, Ear, Nose and Throat) has issued its brochure announcing the Fifteenth Annual Mid-Winter Postgraduate Clinical Convention in Ophthalomology and Otolaryngology to be held from January 21 to February 1, inclusive, 1946. There will be the Special Course in "Applied Anatomy and Cadaver Surgery of the Head and Neck," which will be given from February 1 to 5, inclusive. This schedule is so arranged that the Special Cadaver Course cannot interfere with the regular Clinical Convention.

The endeavor is to make the Convention essentially practical; to bring up ideas which the members may take home to utilize in their everyday practice, as well as to stimulate their interest in research studies. The teaching staff will include:

Alan C. Woods, M.D., Professor of Ophthalmology, Johns Hopkins Medical School, and Director, Wilmer Ophthalmologic Institute, Baltimore, Maryland.

Jack S. Guyton, M.D., Associate Professor, Wilmer Ophthalmologic Institute, Baltimore, Maryland.

O. E. Van Alyea, M.D., Associate Professor of Otolaryngology, University of Illinois, Chicago,

Richard Waldapfel, M.D., former Associate Professor, Vienna University, Vienna, Austria. Residence, Grand Junction, Colorado.

Samuel Fomon, M.D., New York City, New York.

Charles E. Kinney, M.D., Lecturer, Graduate School, Western Reserve University, Cleveland, Ohio.

William J. Kerr, M.D., Professor of Medicine, University of California, San Francisco, California.

Herbert M. Evans, M.D., Professor of Biology, University of California, Berkeley, California.

Vern O. Knudsen, Ph.D., Professor of Physics and Dean of Postgraduate School, University of California, Los Angeles, California.

Samuel Salinger, M.D., Clinical Professor of Otolaryngology, Loyola University School of Medicine, Chicago, Illinois.

Meyer Wiener, M.D., Professor of Ophthalmic Surgery, Washington University, Saint Louis, Missouri. Residence, Coronado, California.

Frederick C. Cordes, M.D., Professor of Ophthalmology, University of California, San Francisco, California, and member of the Board of Editors of the American Journal of Ophthalmology, and of the Quarterly Review of Ophthalmology.

Irving B. Lueck, M.S., Rochester, N. Y.

Alvin G. Foord, M.D., Associate Professor of Clinical Pathology, University of Southern California, Los Angeles, California. Residence, Pasadena, California.

Aubrey G. Rawlins, M.D., San Francisco, California.

Samuel A. Crooks, M.D., Professor of Anatomy, College of Medical Evangelists, Loma Linda, California.

William H. Johnston, M.D., Santa Barbara, California.

Simon Jesberg, M.D., Los Angeles, California.

Isaac H. Jones, M.D., Los Angeles, California.

Gilbert Roy Owen, M.D., Los Angeles, California.

J. Raymond Brown, B.S., Los Angeles, California.

For additional information, address Pierre Violé, M.D., 1930 Wilshire Boulevard, Los Angeles, 5.

The American Laryngological Rhinological and Otological Society—Western Section

Saturday, January 26, 1946

Elks Club

The Western Section of the American Laryngological, Rhinological and Otological Society will hold its meeting at the Elks Club in Los Angeles on January 26 and 27, 1946. All members of the profession, whether or not they are members of the Society, are invited to attend.

2:00 P.M.

1. Introduction of the President, Albert C. Furstenberg, M.D., Ann Arbor, Michigan.
2. "Indications for the Fenestration Operation"—Howard P. House, M.D., Los Angeles, California. Discussion: Robert C. Martin, M.D., San Francisco, California.
3. "Schwannoma (Neurileoma) of the Pharynx with Horner's Syndrome"—Pierre Violé, M.D., Los Angeles, California. Discussion: Emil Tholen, M.D., Los Angeles, California.
4. "Frontal Sinusitis"—J. Mackenzie Brown, M.D., Los Angeles, California. Discussion: O. E. Van Alyea, M.D., Chicago, Illinois.

Sunday, January 27, 1946

Elks Club

9:15 A.M.

5. Business Meeting

10:00 A.M.

6. "Two Interesting Cases of Foreign Body of the Esophagus"—Arthur C. Jones, M.D., Boise, Idaho. Discussion: Simon Jesberg, M.D., Los Angeles, California.
7. "Otolaryngological Problems in Acute Rheumatic Fever"—David Higbee, M.D., San Diego, California. Discussion: Comdr. Joseph B. Stevens, MC, USNR.
8. "Measurement of the Overflow Capacity of the Maxillary Sinus and Its Significance." Ben R. Dysart, M.D., Pasadena, California. Discussion: Samuel Salinger, M.D., Chicago, Illinois.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

J.A.M.A. Comments on President Truman's Health Insurance Plan*

THE NATIONAL HEALTH PROGRAM—THE PRESIDENT'S MESSAGE

In the Organization Section of this issue of *The Journal* appears the complete text of the message of President Harry S. Truman to the Congress, delivered on November 19. The text was received as *The Journal* was going to press. The President presents a five point program. The measures proposed by the Hill-Burton bill for increased funds for hospitals and health centers throughout the nation are covered by his first point. The American Medical Association has approved the principles of the Hill-Burton bill subject to safeguards which are in the text reported by the committee which conducted hearings on this measure.

The second recommendation of the President is for expanded maternal and child health services—essentially those proposed by the Pepper bill. It should be apparent that the passing of a nationwide compulsory sickness insurance bill ought to make unnecessary the kind of proposals included under the Pepper Maternal and Child Health measure.

The President urges increased funds for medical education to be given to public and nonprofit institutions for extending medical education and particularly for research in the fields of cancer and mental health. Obviously this proposal is duplicated to some extent by the proposals for the National Science Foundation. This proposal would place the Federal Government definitely in control of

* For editorial comment, see pages 259-264. Also p. 309.

medical education throughout the United States through its ability to allocate funds to medical educational institutions.

The fourth proposal is for a nationwide system of compulsory sickness insurance to cover every man, woman and child in the United States and to care for the indigent through insurance policies purchased by local agencies for which they would be reimbursed in whole or in part by the Federal Government. The American Medical Association has opposed compulsory sickness insurance consistently for many years. The President reaffirms Senator Wagner's peculiar interpretation of the term socialized medicine by claiming that "this is not socialized medicine." The affirmation will not be convincing to the physicians of the United States who would be compelled to submit to politically controlled medicine should such a measure ever become the law of the nation.

Finally, the President urges compensation of workers for disability due to illness. The House of Delegates of the American Medical Association has approved such proposals in the past.

Fortunately the House of Delegates of the American Medical Association is scheduled for a session to be held in Chicago, December 2-6. The House of Delegates will no doubt at that time state officially the point of view of the American Medical Association on the President's proposals.—*J.A.M.A.*, November 24, 1945.

5-Point Health Plan Offered By President Truman

Compulsory U. S. Hospital, Disability Insurance, Aid to Mothers Recommended

President Denies Proposal Is "Socialized Medicine," Says It Will Help Bring Freedom From Want, Boost Production

Washington, Nov. 19.—President Truman today proposad a broad five-point national health program, recommending that Congress adopt a compulsory national health insurance system for the prepayment of medical costs. Stressing that what he was recommending was "not socialized medicine," the President set forth his program in a lengthy message to the House and Senate.

Mr. Truman's basic recommendations for legislative action were:

1. Federal aid for construction of hospitals, health centers and other facilities where they are needed.

2. Increased use of Federal funds to expand coöperative state-Federal public health, maternal and child health service.

3. Federal aid to support more adequate professional education and the advancement of research on the cause, prevention and cure of cancer and mental illnesses.

4. A compulsory national health insurance system to assure prepayment of medical costs under a plan which would leave patients free to choose their own doctors and hospitals.

5. Disability insurance for protection against loss of wages because of sickness and disability.

Increased Production

The President urged Congress to give careful consideration to his program now. The nation's economic productivity, he said, will increase in direct ratio to improvement in the national health.

"Appreciation of modern achievements in medicine and public health has created widespread demand that they be fully applied and universally available," the President said.

"By meeting that demand we shall strengthen the Nation to meet future economic and social problems; and we shall make a most important contribution toward freedom from want in our land."

The President, saying that all American citizens should have ready access to all necessary medical and hospital services, recommended that the basic problem involved be solved by distributing the costs through expansion of the existing compulsory social security insurance system.

U. S. Health Fund

Mr. Truman proposed compulsory health insurance which would cover medical, hospital, nursing and laboratory services, and dental care.

His plan would call for establishment of a national health fund which he said would assure adequate support for doctors and hospitals everywhere.

He proposed that the nationwide system be highly decentralized in its administration with local administrative units adapting local services to local needs and conditions.

Subject to national standards, methods and rates of paying doctors and hospitals would be adjusted locally, and these rates would be adjusted upward for qualified specialists.

Repeatedly emphasizing that his plan would not amount to socailized medicine, the President said the people should remain free to choose their own doctors and hospitals. Removal of financial barriers between the patient and the doctor he asserted, "would enlarge the present freedom of choice."

The legal requirement that the people would have to contribute to the program would not, the President emphasized, affect the doctors' freedom to decide what services their patients needed.

At the same time, he added, the people would remain free to obtain and pay for medical services outside the health insurance system just as they are now free to send their children to private instead of tax-supported schools. —San Francisco *News*, November 19.

U. S. Chamber of Commerce Takes Stand On Compulsory Insurance

The Chamber of Commerce of the United States has taken a definite stand on compulsory health insurance and has circularized its members with a copy of President Truman's message on the subject.

By a referendum vote of its organization members, the chamber has established a policy on medical and cash sickness benefits which is as follows:

"Employers who have not done so should explore the possibility of providing for their employees some protection against non-industrial or non-occupational disabilities and sickness.

"If, after a reasonable period of time, the private effort of employers to provide protection against non-industrial and non-occupational disabilities and sickness still leaves substantial gaps in coverage, only then should public action be taken.

"If such public action as indicated in Declaration No. 17, this should be at the state and local levels of government rather than at the Federal level.

"If such legislation as indicated in No. 17 is passed, this should permit voluntary group plans to operate as alternatives to government plans.

"Voluntary group effort to provide more adequate medical services for all the people is urged.

"There should be avoidance of a system of socialized medicine, under which all the medical personnel become government employees and the free choice of doctor by the patient and of patient by the doctor is impaired."—San Francisco *Daily Commercial News*, November 30.

A.M.A. Policy-Makers Denounce President Truman's Health Plan

Chicago, Dec. 5.—(UP.)—The American Medical Association's policy-making House of Delegates was on

record today with official disapproval of President Truman's proposed national health program.

In the only closed session of the annual meeting, delegates last night denounced the President's tax-supported health insurance proposal as "the first step in a plan for general socialization, not only of the medical profession, but of all professions, industry and labor."

After the meeting, the A.M.A. policy group said in a statement that voluntary prepayment medical plans now in operation in 24 states would achieve all the objects of Mr. Truman's program, as embodied in the Wagner-Murray-Dingell bill, and provide "the highest type of medical service without regimentation."

The statement charged that the Senate measure was "founded on a false assumption that solution of the medical care problem for the American people is the panacea for all their troubles of the needy."

The House of Delegates approved, however, sections of the President's proposal which recommended Federal aid for building health centers and developing a national research foundation.

Sections of the proposal favoring extension of maternal and child care services and compensation for loss of earnings due to sickness were referred back to the public relations and legislation committee for further consideration.

The delegates, representing more than 125,000 American physicians, voted to support the Magnusen bill, which would place a research foundation under a professional, non-governmental scientific board, rather than under one person appointed by the President.

Opposition to the insurance provisions of President Truman's health proposal also was expressed, on the grounds that the program would be "enormously expensive" and would result in increased taxation "for the entire population of the United States."

The delegates also recommended the immediate discharge of all medical officers in the armed services, and approved an offer by the American Red Cross to turn over for use by the civilian population all plasma accumulated from the War and Navy Departments.—San Francisco *News,* December 5.

Medical Association Backs Voluntary Prepaid Plans

Chicago, Dec. 5.—(AP.)—The American Medical Association gave the green light today to a program designed to establish a nationwide network of "voluntary" prepayment medical plans, to be sponsored by medical societies.

The Association, through its House of Delegates, took action after branding as "socialized medicine" a proposal by President Truman for a Federal system of sickness insurance.

The Association's board of trustees and its council on medical service and public relations were instructed "to proceed as promptly as possible with the development of a specific national health program, with emphasis upon the nationwide organization of locally administered prepayment medical plans sponsored by the medical societies."

"This is the go-ahead signal we've been awaiting for a long time," said Dr. Edward J. McCormick of Toledo, Ohio, chairman of the council.

Voluntary Plans

"The A.M.A. for several years has sponsored extensive studies of existing prepayment plans and has favored the extension of these as much as possible, but we now have an actual directive to promote the establishment of voluntary plans to cover the whole nation."

Declaring that 47 voluntary plans—sponsored by physicians—now are in operation in 24 states and that almost every other state medical society is in the process of developing plans, McCormick said:

"Up to now the states haven't had much to guide them. But from our studies of existing plans, we will make our first objective the development of a 'skeleton plan' for the guidance of communities now uncovered."

McCormick and other members of his council gave this version of their program:

1. All existing plans and those that may be developed in other areas will maintain local autonomy, but an attempt will be made to coördinate their activities on some common basis so that a subscriber to a plan in Ohio would be able to get medical care in Indiana if he got sick in the latter state.

"Blue Cross" Plan

"We hope to get things on such a basis," said Thomas A. Hendricks of Indianapolis, layman executive officer of the council, "that a man can carry a medical service card with him anywhere in the country and get the same service he would in his own home town."

2. Whereas some existing plans are indemnity systems (straight cash at time of sickness) and others are medical service plans (with the plan paying the doctor's bill), Dr. McCormick said the A.M.A. would "very likely" suggest the latter type in new areas.

"Medical care insurance," he said, "might be sold in all probability with hospital coverage programs—such as the Blue Cross.

"We now have enough actual experience from our studies of prepayment plans that we're certain that this type of medical and surgical coverage can be given at less than half the cost that any government plan would entail," McCormick added.—San Francisco *Chronicle,* December 6.

U. S. Health Plan Given Congress by President Truman

Washington, Nov. 19.—(INS.)—President Truman sent a special message to Congress today calling for compulsory national health insurance and legislation was promptly introduced in the Senate to carry it out.

The chief executive submitted a five-point program to Congress which would include Federal aid for construction of hospitals.

Four Per Cent Exacted

Mr. Truman recommended that health premiums be exacted on a basis of 4 per cent of earnings calculated on the first $3,600 of income.

"Premiums for present social insurance benefits are calculated on the first $3,000 a year," he explained. "It might be well to have all such premiums, including those for health, calculated on a somewhat higher amount, such as $3,600."

The President declared "the poor have more sickness but they get less medical care."

Bill Introduced

Immediately after receipt of the President's message Senators Wagner (D., N. Y.) and Murray (D., Mont.) introduced a bill they said would carry out President Truman's recommendations.

The President's program called for:

1. Construction of hospitals, health centers and other facilities with Federal aid.

2. Expansion of public health, maternal and child health services with expansion of coöperative health programs between the federal and state governments with increased Federal funds.

3. Medical education and research under Federal grants.

4. Pre-payment of medical costs through a compulsory national health insurance system.

5. Protection against loss of wages from sickness and disability with disability insurance to protect America's families by guaranteeing some income when sick or permanently disabled.

No Socialization

The President emphasized that his program does not call for socialized medicine.

"I recommend solving the basic problem by distributing the costs to expansion of our existing compulsory social insurance system," he said. "This is not socialized medicine."

"Everyone should have ready access to all necessary medical, hospital and related services."

The President said that this system should cover hospital, nursing and laboratory services as well as dental care.

Choose Own Doctors

He emphasized that patients would remain free to choose their own doctors, physicians would remain free to accept or reject patients, hospitals would continue to manage their own services. voluntary organizations could participate in the insurance system, either to provide services and be paid therefore, or to assist in administration, depending on their functions.

President Truman declared that how much of the total health insurance fund should come from the insurance premiums and how much from general revenues is a matter for Congress to decide.

He said he believes "that all persons who work for a living and their dependents should be covered" under the plan and that this would include farmers, agricultural labor, domestic employees, government employees, and employees of non-profit institutions as well as wage and salary earners, those in business for themselves, and professional persons.

Millions Denied Care

The President pointed out that millions of Americans do not have a full opportunity to achieve or enjoy good health or have protection against the economic effects of sickness.

As a further point to back his recommendations, he pointed out that the Selective Service system "had to reject 5,000,000 young men or one-third of those examined," and that an additional 3,000,000 had to be discharged or rehabilitated.

He said that about 1,200 counties, or 40 per cent of the total in the country, with a population of 15,000,000, "have either no local hospital or none that meets even the minimum standards of national professional associations."

Needed For Cancer

The President said that a national program of medical research is especially necessary to conquer disease, especially cancer.

"Cancer is among the leading causes of death. It is responsible for over 160,000 recorded deaths a year, and should receive special attention."—San Francisco *Call-Bulletin,* November 19.

State Aide Hails Health Plan

Possibility of increased Federal aid for coöperative state-Federal health program was greeted with enthusiasm here today by Dr. W. L. Halverson, State health officer.

"It is hoped that in any expansion there will be provision for local State autonomy in the planning and execution of the program with Federal support limited to setting of standards and approval of plans developed locally to meet local needs," Dr. Halverson said.

The greatest public health need in the United States, and California in particular, is for more full-time public health officers, Dr. Halverson said, explaining that only 29 of the 58 California counties employ such officials.

Present U. S. Grants

More than 1½ million dollars has been appropriated for health work in California for the fiscal year by the Federal Government. From the U. S. Public Health Service has come $1,009,721 for the venereal disease and tuberculosis program.

The Children's Bureau has supplied $523,932 to assist local health departments with their maternal and child health services. This includes pre-natal and well-child conferences, immunization programs, diagnostic and medical care for physically handicapped children—particularly those with rheumatic fever, and administration of the emergency maternal and infant care program for wives and children of servicemen in low-pay brackets.

Aid Cancer Work

President Truman's request for Federal aid for the advancement of research on the cause, prevention and cure of cancer brought cheer to the American Cancer Institute.

Mrs. Joseph Gould, president of the San Francisco chapter, said the institute, which has been carrying on an intensive education program, would be vitally interested in "any allotment" for cancer research, especially in California, where one out of seven persons die from the disease. The natural death rate attributable to cancer is one out of ten persons, she said.

Meanwhile, the compulsory health insurance program proposed for the nation by President Truman appeared similar to a program advocated for California by Governor Warren.

Bills containing the State program were defeated in the Legislature earlier this year, but Mr. Warren said last week he would continue to work for their enactment in the future.

The President's and Governor Warren's proposals were similar in requiring payment of an additional payroll tax, but allowing patients to choose their own physicians. Mr. Warren asked for a 3 per cent tax divided between employers and employees, while no specific rate was mentioned for the national program.—San Francisco *News,* November 19.

A.M.A. Senator Taft Sound Alarm on Health Plan; Stiff Fight Due

Washington, Nov. 20.—President Truman's far-reaching health insurance program today faced a hard fight in Congress.

Even backers of the three-billion-dollar-a-year proposal conceded that strong opposition lies ahead. Similar proposals introduced a year ago died in committee.

Despite Mr. Truman's repeated statement that his program did not mean "socialized medicine," the *Journal of the American Medical Association* charged editorially that the proposal would lead to "politically controlled medicine."

Senator Robert A. Taft (R., O.) also disputed Mr. Truman's denial that the program involved socialized medicine. President William Green of the A.F.L., however, telegraphed Mr. Truman congratulations on his "forward-looking" proposal which, Mr. Green said, "meets the most urgent human needs of our nation and merits universal support."

The President's plan would guarantee proper medical care for every American, financed through increasing Social Security taxes and, later, by taking monies from general tax collections.

One suggestion is to increase the Social Security tax

for the employer and the employee an additional 1½ per cent each on annual salaries up to $3600.

Senator James E. Murray (D., Mont.), one author of the bill, plans to start the month-long hearings within 10 days.—San Francisco *News*, November 20.

C.M.A. Favors Truman Health Program, But—

The California Medical Association today declared it favored President Truman's health insurance program, but asserted the method selected to achieve the objective would bring "regimentation of both patient and physician."

"The Association heartily approves of the President objective—'to assure prepayment of medical costs under a plan which would leave patients free to choose their own doctors'," said John Hunton, executive secretary.

"However, we just as vigorously disapprove of the method selected to achieve this objective—'a compulsory national health insurance system'."—San Francisco *News*, November 20.

Early Attention But Deferred Again

Washington, Nov. 20.—(AP.)—President Truman's request for a broad health and medical program received assurances today of early congressional attention but deferred action. Its points also met with both approval and disapproval of the American Medical Association.

Representative Priest (D., Tenn.), chairman of the House Interstate Health Subcommittee promised hearings soon, but he declined to say just when they would start or how long they might last.

Senator Wagner (D., N. Y.), who with Representative Dingell (D., Mich.), introduced a bill to carry out the President's recommendations, predicted Senate Labor Committee action within two months.

Otherwise, congressional reaction to the message read by a House clerk to about a score of members was indefinite. Most of the lawmakers told reporters they wanted to know more about it, particularly if it approached what some called *"socialized medicine."*—San Francisco *Chronicle*, November 21.

The President's Health Program

President Truman's message to Congress on a national health program presents the usual array of arguments used by the proponents of compulsory health insurance. There is the familiar insistence that it doesn't mean socialized medicine and the conventional gesture toward permitting voluntary coöperative organizations to participate "if they can contribute to the efficiency and economy of the system."

The presentation of broad generalities as to the need for more and better health and medical facilities is one thing; the translation of them into law short of socialization is another. California's recent experience with the various compulsory health insurance proposals exemplified this.

Good health, which does not necessarily mean perfect health, is man's most precious asset. Whether through private or public systems offering prepaid hospital and medical care or sickness insurance, the objective sought presumably is the same. The province of the state in the realm of public health has long been accepted. A basic question posed in compulsory health insurance is just how far the state should go in concerning itself with individual needs.

At first glance one would think that doctors who frequently find difficulty in getting their pay would welcome relief on this score. But many doctors nevertheless conscientiously oppose compulsory systems which they see as leading toward regimentation of their profession and the leveling off of the quality of service as the spur to individual incentive is dulled.

They may be wrong but thus far the record of American medicine when set against that of countries which have compulsory systems has not suffered by comparison.

There are so many different angles to the entire problem that generalities tend to oversimplify a highly complex problem. It is trite to say that no amount of money alone can buy good health. But it is true. The members of the medical profession themselves will be among the first to admit that they have not the answers to many of the problems involved in the mental and physical ailments which afflict mankind.

President Truman mentioned the Selective Service examination record but he did not analyze it from the standpoint of (1) either the lack of opportunity for proper care, or (2) whether medical care alone would have materially changed the picture. A recent report on 4,154,000 4-F's showed that 701,700 were disqualified for mental disease and another 582,100 for mental deficiency including those with low I.Q.'s and the illiterates. Those labeled "manifestly disqualified" included men without an arm, blind or who had other obvious defects. This left under the classification of "physical defects" 2,426,500.

Of this latter classification, the largest group comprised men rejected for musclar-skeletal causes. They numbered over 300,000, a third of whom were suffering from the results of injuries such as missing fingers, badly set bones and stiffening of the joints. Curvature of the spine, clubfeet, deformities of the toes, pigeon chests and the aftereffects of osteomyelitis also were included in this classification.

The second largest group were men suffering from syphilis. They numbered between 250,000 and 300,000. New drugs apparently have speeded up the cure of syphilis but doctors will tell you that the greatest difficulty in effecting cures in this (as in other diseases) is getting the patient's coöperation in sticking to the prescribed routine until cured.

Next to the syphilitic group came men with heart and circulatory ailments. Between 200,000 and 250,000 were rejected respectively for hernia, bad eyes and neurological ailments which covered a large number of epileptics. Bad ears caused the rejection of between 150,000 and 200,000 while tuberculosis was found in upward of 50,000. Under 50,000 each were groups rejected for overweight and underweight, bad feet, kidney and urinary ailments, varicose veins, bad teeth, bad skin, nose and throat trouble, gonorrhea and hemorrhoids.

The recital of the causes of these rejections at least tends to accentuate the complexity of the problems involved in a health program. Paradoxically many of these 4-F's will be active and alive after their more healthy brethren have passed away.

The Federal Government through public health measures, through aiding in the provision of needed hospitals and medical centers and in other broad ways can undoubtedly do much toward improving health standards. To the extent that it helps voluntary systems of prepaid hospital and medical care, it will be promoting a desirable movement which from all indications can be more fully exploited than it has been.

But Congress will be well advised to consider carefully the full implication and impact of a system of taxation and the disbursement of billions of dollars under compulsory health insurance.—Editorial in Los Angeles *Times*, November 21.

President Truman's "Must" Measures Gather Moss in Congress

Washington, Nov. 20.—President Truman's "must"

legislation is getting musty in congressional committees.

Although the President brought Congress back from a recess Sept. 15, his postwar reconversion program has made little progress.

Congress has passed a tax bill (not exactly to Administration specifications) and that's about all it has done legislatively. It did pass a bill to recapture excessive war appropriations. . . .

Most of the "must" legislation sought by President Truman was outlined in his message which he read when he called Congress into session after the summer recess.

From September 15 to October 26 the President sent 65 messages to Congress. Many of them dealt in detail with his legislative program. But after Thanksgiving Congressmen will be looking forward to Christmas holidays and it is likely to be well into 1946 before the Truman program takes shape—if then.—Daniel M. Kidney, in San Francisco *News,* November 20.

Health Insurance—President Truman's Proposals

We have long supported the efforts to establish a health insurance system in California. We believe a medical care program should be operated by the individual states and not by the Federal Government. We have a profound distrust of remote control by a vast Washington bureaucracy of a concern touching so intimately the lives of the citizens.

Our lack of confidence in the plan President Truman proposes is not made less by the language in which he describes it. On May 28 of this year we suggested to the California Legislature that it take careful note of Senator Wagner's then proposal of a vast Federal health insurance operation as a threat hanging over the State if it failed to install its own program. We then said that if there were no other defects immediately apparent in the Wagner scheme the language in which the New York Senator urged it would alone arouse deep suspicion.

We now find it is Wagner's sleeping plan which is revived to be brought before Congress at this moment and that in urging it President Truman has only echoed what Wagner said last spring.

The President repeats Wagner in asserting that this plan is not "socialized medicine." "Socialized medicine," he said, "means that all the doctors work for the Government." That is only Truman's, or rather, Wagner's definition. There is more than one way of tying a knot. Wagner said it would not mean "regimentation." Any compulsory rule laid on the citizens is regimentation. We could have regimentation in a State system, too; we recognize that, but it is the unfrankness of these declarations that rouse us here. To us these assurances are nothing more than attempts to soothe persons who do not like the terms "regimentation" and "socialized medicine." They should not fool anyone who can put two and two together.

Similarly unfrank seems the President's assertion that the system must be "highly decentralized in admiinstration" though the fund "should be built up nationally." These two elements are completely incompatible. Whoever holds the purse runs the show and from the place where the money is held. Nothing run by Washington is ever decentralized. OPA is a good example; it is supposed to be decentralized with district and local administrators, but anyone who has had dealings with it knows every new question has to be referred to Washington. In other words, you can't decentralize centralization.

We agree that a health insurance program should be decentralized. In our opinion the best and only chance of a degree of decentralization lies in state-run health insurance systems. Who wants to wait on Washington to decide whether his particular kind of case is in the rule book?

We assume it is only to catch the doctors that the President spreads the molasses of "more money for all of them." We are unable to calculate how this could be on the basis of the President's statement that the requisite 4 per cent tax to raise the fund is only about what Americans now spend for sickness care.

We do not want another national bureaucracy to create another huge pressure group in Government.—Editorial in San Francisco *Chronicle,* November 21.

Assembly Interim Committee on Sickness Insurance

Representatives of the San Francisco Municipal Health and Hospitalization Insurance System, the Blue Cross and the California Physicians' Service were invited to present their views on health insurance before a session of the Assembly Interim committee on health care, held in San Francisco, on November 9 and 10.

Assemblyman Ernest Geddes, chairman of the committee, announced scheduling of the San Francisco meeting.

The committee was created by the Assembly as a result of the movement started by Governor Warren for establishment of a system of compulsory health insurance in California.

Interim Committee must submit a report before July, 1946.

The 1945 Wagner-Murray-Dingell Bill

A Bold Plan: Its Provisions Are Controversial—Its Implications Are Grave

Importance.—The importance of the 1945 Wagner-Murray-Dingell Bill lies not so much in the likelihood of adoption in its present form as in the fact that it demonstrates the determination of its advocates to secure action. This in spite of the lack of consideration accorded the original measure.

Compared to the Original Measure, introduced in the previous Congress but never considered, the new measure differs mainly by reason of the effort made, through various devices, to appease certain opponents and to draw in greater and more enthusiastic support.

Most important of these devices is the *reduction of the "contribution" rates* proposed as compared to those proposed originally. Labor support had been tempered by expressions of doubt concerning the 6 per cent payroll deductions first advocated. It is to be presumed that labor will find the 4 per cent rate now proposed much more acceptable. Washington reporters, however, have made allusions to the possibility that Chairman Altmeyer, of the Society Security Board, suspects that the bill is financially unsound. Apparently the reduction in contribution rates is wholly accounted for by adoption of a pay-as-you-go principle with respect to Old-Age and Survivors' Insurance financing.

Congress now has before it the Hill-Burton bill providing for Federal aid in *hospital construction and maintenance.* In view of the support accorded this measure, the inclusion of a more or less similar proposal, outlined in great detail, in the new Wagner bill has been widely commented upon. Most commentators agree that Senator Wagner hopes, in this way, to draw additional support to his measure.

The new Wagner bill includes an attempt to decentralize the administrative setup proposed to carry out its medical care provisions by providing for localized control. In introducing the measure to the Senate, Senator Wagner called attention to this as evidence of the lack

of any purpose or desire to *"socialize" medicine.* Editorial comment in leading medical journals does not indicate any hope of success for this appeasement effort.

Cost.—Neither the sponsors nor any official agency have published estimates of the cost of the proposed program of compulsory social security. This omission has been noted by numerous editorial writers through the country.

Private sources—such as Research Council for Economic Security—have estimated the ultimate cost at $15 billion upwards, annually. On the basis of an immediate cost of $10 billion a year (much of it for health insurance) and an ultimate cost of $15 billion a year, the program proposed would absorb 8 to 12 per cent of a national income of $120 billion annually. This would mean from 12 to 17 per cent of payroll.

Foreign experience indicates that no sound economy can bear such a cost and still maintain the momentum of private incentive and enterprise.

Costs.—The above estimates may be too conservative. For example, the spring (1945) issue of Quarterly Journal of Economics, contained a detailed, actuarial study of "Estimated Cost of Old-Age and Survivors' Insurance," by Professor I. J. Sollenberger, University of Oklahoma. So far as is known, it is the first attempt to establish the ultimate cost of the system as it might be expanded by adoption of the Wagner bill. The study indicates that this part of the program alone might involve an ultimate cost of not far from 10 per cent of payrolls, and thus, in itself, create too great a burden upon private enterprise, without considering the cost of health insurance, unemployment compensation, etc.

Consequences.—Too costly a program may have grave and unexpected results. High taxes handicap enterprise, discourage expansion, scare off investments and undermine job stability. As private enterprise retreats, government activity is likely to expand in fields of production, distribution, finance, transportation, public utilities and general economic planning.

The proposed program attempts to redistribute income and thus support consumer buying. But if, by discouraging enterprise, it restricts production, will there be enough goods to distribute? In other words, will standards of living in this country tend to decline?

Snowball Tendencies.—The sanguine attitude of advocates of expansion of compulsory social security toward costs is not justified by experience either at home or abroad. In foreign countries, where the experience is much longer, it has never been possible for politicians to resist demands for continuous expansion and costs have mounted steadily through the years. Domestic experience while much shorter, follows the same pattern. As one author puts it, one is reminded of a snowball rolling down hill and gathering both size and velocity on its journey.

Enterprise Ignored.—The advocates of the program placidly ignore the accomplishments of and the opportunities offered by private enterprise. Despite the outstanding accomplishments of private enterprise in recent years, they do not admit the possibility that enterprise is any longer dynamic.

The extensive and rapidly increasing structure of protection built up by voluntary insurance institutions and through other types of thrift programs is likewise ignored. Indeed, much of the coverage proposed by the Wagner bill would only replace existing protection.—*Insurance Economics Society of America Bulletin.*

President Truman's Health Plan Criticized

Kansas City, Nov. 26.—(AP.)—Dr. Harold T. Low, Pueblo, Colo., today described President Truman's proposal for medical care as "an utopian dream and if tried will be a failure like the prohibition law."

Dr. Low is president of the Association of American Physicians and Surgeons.—San Francisco *Chronicle,* November 27.

Public Health Plans Backed

State Group Favors Medical Care Insurance Program

Sacramento, Nov. 5.—(AP.)—The State Reconstruction and Reëmployment Commission voted, 5 to 4, today to approve the recommendation of a citizens' advisory committee urging early enactment of a State-wide program of public health and medical care insurance.

Voting for health insurance were Percy Keckendorf, State director of professional and vocational standards; Dr. Robert Gordon Sproul, president of the University of California; Paul Scharrenberg, director of industrial relations; William T. Sweigert, executive secretary to Governor Warren. (Query. Was the 5th vote recorded in the majority list of 5, that of the late Walter F. Dexter, California Superintendent of Public Instruction, whom death antedated the meeting referred to by several weeks?)

Voting in favor of taking no action at this time on the health insurance recommendation were:

James S. Dean, State finance director; Charles H. Purcell, director of public works; Warren Hannum, director of natural resources, and A. A. Brock, director of agriculture.—San Francisco *Examiner,* November 6.

Doctors Rap State Group's Health Stand

Through Dr. John Cline, chairman of its executive committee, the California Medical Association (C.M.A.) on November 6, took public exception to the action of the State reconstruction and reëmployment commission in urging creation of a compulsory health insurance system.

Declaring that "the commission seems more interested in political reconversion than in further industrial reconversion and reëmployment," Doctor Cline added:

Hints Politics

"When there are so many pressing reconversion problems which come within the commission's scope, and which are far from solved, it is unfortunate that the commission should go beyond the purview of the act which created it to dabble in as controversial a political issue as State medicine."

Health insurance became a political issue last January, when Governor Earl Warren asked the Legislature to set up a State-operated system. Several bills, including two sponsored directly by the Administration, died in unfriendly legislative committees and no health insurance program reached the floor of either house for a vote.

The reconstruction and reëmployment commission on Monday voted 5 to 4 to approve the recommendation of a citizens' advisory committee urging early action to establish health insurance. Doctor Cline, on behalf of C.M.A., branded this act as "presumptuous," and asserted that the commission has permitted itself to become "a propaganda agency and a pleader for special causes."

Meanwhile, two special interim committees of the legislature are making a study of the entire question of voluntary versus compulsory health insurance and prepaid medical care.—San Francisco *Examiner,* November 7.

Governor Warren Still Advocates Health Insurance. Desires Program

Governor Earl Warren has not changed his opinion in the slightest about prepaid state health insurance, despite his defeat in advocating it at the 1945 legislative session, and he is hopeful the Senate interim investigating committee will bring the importance of this issue even more forcefully to public attention.

This was made abundantly clear in a brief statement by Warren just before he left Sacramento last night for a series of governmental conferences in the Middle West.

The special senate committee on payment of medical and hospital care, charged with making a complete survey of the public health insurance question, will meet in the capitol tomorrow.

Glad Committee Active

"I am happy that the senate committee is becoming active," commented Governor Warren, "and I trust it will make a thorough study of the situation and advise both the Legislature and the public of the necessity for making a direct attack on this major health problem of our people.

"The health of the people is the most fundamental problem in American life today. Any fair and impartial study of the problem by our Legislature should bring us closer to a solution."

Supporters of the two prepaid health insurance measures which were presented unsuccessfully at the regular legislative session—one by Republican Governor Warren, the other by the Congress of Industrial Organizations—are inclined to figure a majority of the senate committee as possibly favorable to such legislation. The Warren and CIO bills were stymied in the assembly and did not come to a senate vote.

Salsman Heads Group

The senate investigating committee is headed by Senator Byrl R. Salsman of Santa Clara County, author of a Warren proposal similar to that defeated in the lower house. Serving with him is Senator John F. Shelley of San Francisco, accounted an advocate of health insurance. The other three committeemen are Senators Chris N. Jespersen, San Luis Obispo County; Louis G. Sutton, Colusa County, and Arthur H. Breed, Jr., Alameda County.

The assembly also has a health care investigating committee (of seven members) on which Speaker Charles W. Lyon, opposed to the Warren proposal, has appointed a majority who voted to keep both the bills of the administration and the CIO bottled up in committee last Spring.

Senator Salsman announced a part of tomorrow's session of the upper house study group will be devoted to considering qualifications of persons suggested for the post of investigation research expert. He said the committee intends to employ "an impartial and unbiased expert to survey the problem of medical care in California and advise on questions of need and cost."

Program Still Alive

Developments of the last fortnight show plainly enough that the prepaid health insurance program and the controversies which grew out of its presentation to the last Legislature are far from dead.

The State reconstruction and reëmployment commission, for instance, voted at its last meeting to approve recommendations by a citizen advisory committee on social and industrial welfare in favor of early enactment of a health insurance law.

Immediately the California Medical Association high command swung into action with a vigorous denunciation of the RRC.

The recommendation which the RRC endorsed simply read as follows:

"That the State Reconstruction and Reëmployment Commission give every possible assistance to the interim committee of senate and assembly in order that a sound program of health insurance and medical care may be enacted at the earliest possible date."

Politics Charged

This drew a quick charge from Dr. John Cline, chairman of the executive committee of the California Medical Association, that the RRC in apparently "more interested in political reconversion than in furthering industrial reconversion and reëmployment."

Of course, six of the nine RRC members who voted to endorse health insurance are members of Governor Warren's cabinet, so it was not exactly surprising that this agency should agree with Warren's advocacy of extending social security in the field of health and medical care.

Dr. Cline, however, had this to say:

"When there are so many pressing reconversion problems which come within the commission's scope, and which are far from being solved, it is unfortunate that the commission should go beyond the purview of the act which created it to dabble in as controversial a political issue as State medicine."

Merry Go Round Begins

Then the political merry go round started off full tear on health insurance. The assembly investigating committee called a meeting. Then the senate committee called one.

Next came predictions from a source decidedly friendly to the California Medical Association that a drive to abolish the reconstruction and reëmployment commission will be made by "indignant lawmakers" when Governor Warren calls his expected special legislative session.

This forecast was circulated by Clem Whitaker, the San Francisco publicity agent and campaign manager who opposed Warren's health insurance bill in the Legislature. He reported people are sore at the RRC, among other things, because it has "gone beyond the scope of activities laid down for it by the legislature and has sought to become a policy making board and to influence legislation . . . giving a favorable recommendation to such red hot legislative proposals as compulsory health insurance . . ."

Allied With C.M.A.

Capitol quarters well disposed toward the RRC pointed out Whitaker was engaged in the fight of the C.M.A. and affiliated forces to defeat compulsory health insurance this last Spring.

The Warrenites emphasized that Whitaker now is one of the chief boosters of Earl Lee Kelly as a potential Republican candidate for Governor against Warren.

And Kelly, in turn, they added, is damning Warren for proposing health insurance in the first place.—Herbert L. Phillips in Sacramento *Bee*, November 14.

U. S. Health Aid Planned

Washington, Oct. 19.—A revamped bill for Federal aid to hospital and health center construction is ready today for approval by the Senate education and labor committee.

It will provide for Federal grants amounting to 75 million dollars a year for five years. In addition, it appropriates five million dollars for a survey of the nation's hospital and health center needs.

Originally introduced by Senators Hill (D., Ala.), and Burton (R., O.), it was rewritten in a subcommittee of which Senator Hill was chairman.

Under the revised measure a formula is provided for distribution of the funds on a population and per capita wealth basis. It will give 15 of the poorest states, mostly in the South, 47.8 per cent of the funds; 16 middle bracket states 18 per cent and 18 richest states, 31 per cent. Territories would get 3.2 per cent.

The original plan for matching funds for public and non-profit hospitals on a 50-50 basis was abandoned. Instead the Federal contribution will range from 33 per cent for the richest states to 75 per cent for the poorest.

No state can obtain a grant of less than $10,000 a year, but it may borrow Federal funds for matching purposes.—San Francisco *News*, October 19.

Doctors Are Against "Political Medicine"

Los Angeles (UP.)—Government sponsored health programs were denounced today by Dr. L. A. Alesen of the California Medical Association as "political medicine."

Alesen, addressing delegates to the California Farm Bureau Federation regional convention, attacked both large and small medical service plans and described the American system of individual medical attention as the best in the world.

Dr. Clifford H. Loos told delegates the health of Californians must not be endangered by "chain store" medical methods.

"I firmly believe in group medicine, but it must be in localities, not on a national or even state scale," he said.—Merced *Sun-Star*, October 26.

Warren Firm On Health Plan

Sacramento, Nov. 14.—Governor Warren indicated today he has not given up hope of enactment of a State health insurance program in California.

Before leaving on an Eastern trip, the Governor was asked to comment on the opening of hearings on November 15, on health insurance plans by a Senate interim committee. He said he had not changed his mind since advocating an insurance bill at the Legislative session earlier this year.

Senator Byrl Salsman (R., Palo Alto), chairman, had asked Governor Warren to appear before the committee, but the Governor said he was prevented by earlier plans to attend a conference of Governors' meetings in Chicago and Cheyenne, Wyo.—San Francisco *News*, November 14.

Francis Thompson (1859-1907).—Thompson called his body "a Pandora's box, containing all the ills that afflicted humanity." Possibly, his "long feverish illness," at the age of 20, was an early sign of the tuberculosis from which he died. At this time also, he became acquainted with opium as a result of his mother's gift of "Confessions of an Opium Eater." Disease, opium and poverty reduced him to a life on the London streets, fetching cabs and selling matches. The moral tone of his literary work remained high.—Warner's *Calendar of Medical History*.

For they lived long enough, that have lived well enough.
—Thomas Wilson, *Arte of Rhetorique*, 83. (1560).

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Typhus Fever—Los Angeles Report

George M. Uhl, M.D., Health Officer of City of Los Angeles, recently reported:

There have been 19 cases of typhus fever in the city of Los Angeles during the first 10 months of 1945, in contrast to 8 during the same period of 1944, and an average of 10 cases annually for the past five years. Ten of the 19 cases were reported during the months of September and October. Seven persons were bitten by rats in October.

There are two types of typhus fever: 1. *Epidemic,* which is transmitted from one human being to another by the bite of the body louse (clothes louse). This type is common in Europe and has a high mortality; and 2. *Endemic,* which is transmitted to human beings from the rat by the bite of the rat flea (xenopsylla cheopis). This type occurs in Southern California and has a low mortality.

In order to control the endemic type it is necessary to control rats. However, the Los Angeles City Health Department does not operate a rat exterminating service except for public areas. The Rodent Control Division of the Health Department keeps an index of the rat population, examines rats for the presence of diseases transmissible to human beings, and coöperates with the U. S. Public Health Service and the State Health Department in administering and enforcing laws which require property owners to maintain their premises in a rat-free condition. It would be impossible for the personnel of this division to make any substantial dent in the rat population of the city merely by extermination.

The Los Angeles City ordinance requires owners of buildings to:

1. Ratproof or rat-stop all buildings by screening foundation vents, closing openings, etc.;
2. Store in ratproof containers all material (food, animal feed, garbage, etc.) that may afford food for rats;
3. Destroy rat harbors by eliminating accumulations of rubbish, junk, etc.;
4. Diligently exterminate rats.

All of these methods of rat control must be carried out by all property owners to significantly control the rat population. The Los Angeles City Health Department calls on all home and building owners to coöperate in eliminating this menace.

Hooper Foundation of U.C. Studies Encephalitis

The reservoir of infection of encephalitis, which exists in many west coast areas, has been found to be birds, both wild and domestic, according to Dr. W. H. Hammon, associate professor of epidemiology, and Dr. W. C. Reeves, research associate, at the Hooper Foundation for Medical Research on the San Francisco campus of the University of California. The infection by the virus causes no disease in the birds but produces a serious illness in both horses and man.

Transmission of the virus is by means of the bite of a mosquito which first has fed on the infected birds, Dr. Hammon says. Thousands of other biting pests, including ticks, mites, fleas, lice, flies, kissing bugs, and bed bugs, have been collected by staff members of the Foundation and tested as carriers, but only mosquitoes have been found to be infected. A study of the feeding habits of the principal mosquito vectors shows that they prefer to feed on birds, followed in order of preference by cows, horses, and man. Only 2 per cent or less feed on man, the research shows.

Horse encephalitis is common in most west coast areas, but can be controlled by vaccination. In man the disease has caused sharp explosive epidemics but usually is confined to endemic areas in the hot valleys. The incidence in any area rarely exceeds about one in a thousand of the population, so large-scale vaccination of humans is not recommended. Cases occur in rural areas, small towns, and in the suburb areas of large cities where chickens are kept in back yards. Mosquito control in these areas is recommended as the first line of defense.

Kenny Poliomyelitis Drive

Half of Funds Stay in State

One-half of the funds raised in each state during the Sister Elizabeth Kenny appeal starting November 22 will remain in that state to aid the local fight against infantile paralysis, it was announced recently.

Objectives of the campaign are to build Kenny hospital wings and clinics, to provide Kenny treatment for infantile paralysis patients, and to provide scholarships for graduate nurses to become Kenny technicians.

"If we are to win the battle against infantile paralysis there must be funds for research and funds for the treatment of those who fall victim to its ravages," E. G. Hubbard, Northern California campaign chairman, said.

"It is our hope that the Sister Kenny method of treating infantile paralysis can be brought into every community, that a Kenny trained technician can be assigned to hospitals in every hamlet so that when infantile paralysis strikes it will find opposition."

Fourteen Signs of Illness in Children

A recent bulletin of the Health Advisory Council of the Chamber of Commerce of the United States, Washington, reminded mothers of 14 signs of illness in children to which particular attention should be paid.

The 14 signs, which may indicate any one of a number of serious illnesses requiring the immediate attention of a doctor, have been listed by the Children's Bureau of the U. S. Department of Labor. They are:

"Fever.—Flushed cheeks and hot dry skin.

"Irritability.—Fussing and whining by a child who usually plays and is happy.

"Drowsiness.—Wanting to sleep more than usual, especially at a time when he usually plays.

"Loss of appetite.—Refusal of foods by a child who usually eats well.

"Vomiting.—May be after eating or taking liquid or may not. Notice whether vomiting is mild or forceful (projectile).

"Diarrhea.—A sudden increase in the number of stools, especially if they are loose and watery. This may be an early sign of any infection or of a disease of the bowels. If pus, blood, or a large amount of mucus is in the stools, the doctor should be called.

"Runny nose.—A running nose in a child may be the beginning of a cold or of some other communicable disease, such as measles, influenza, or whooping cough.

"Cough.—A cough in a child is more likely to be a sign of illness than in a grown person.

"Sore throat.—May be associated with a cold or may be the beginning of another communicable dsiease, such as diphtheria or scarlet fever.

"Hoarseness.—A huskiness in the voice, if accompanied by fever, may be the first sign of diphtheria. A doctor should be called at once.

"Pain.—A child who complains of persistent pain in any part of the body should be seen by a doctor. Earache, severe headache, or pains in the stomach, abdomen, chest, or joints may indicate serious disease, infection, or injury.

"Convulsions.—Convulsions, spasms, 'fits,' or twitching of the face or arms or legs may be an early sign of some serious disease in the child.

"Stiffness of the neck or back—May be associated with disease or irritation of the nervous system.

"Rash.—A breaking out on the child's skin."

A child with any of these 14 signs of illness should be put to bed, and if his temperature is over 101 degrees, a doctor should be called.